



Information is to be completed by the child's parent / guardian. Once completed, registration forms can be **emailed** to kidfit60@gmail.com or **mailed** to 725 Kingsbury Avenue, Winnipeg MB R2V 3E7 Attn: KidFit 60. **Please notify us if any of your child's information changes.**

KidFit 60 Registration Form

Student Information (please print clearly)

Legal Last Name: _____ Date of Birth: _____
 First Name: _____ Gender: _____
 Legal Custody (if applicable) Joint Mother Father
 School: _____ Grade: _____ Age: _____
 Sports Interests: _____

Program Choice: 10-Month (Sept-June) 10-Month Family Package (Sept-June)

Transportation

Program Shuttle
 Other Transportation (please list): _____

A non-refundable deposit fee of \$200.00 must accompany the registration form to secure your spot. Fee will be applied to the initial first month payment. Deposit fee may be paid by e-transfer to kidfit60@gmail.com or you may email kidfit60@gmail.com to arrange an alternative method of payment.

I understand that the \$200.00 deposit fee is non-refundable if I withdraw my child before the start of the program.
 Parent / Guardian Signature: _____

Student Address

Street Name & Number: _____ Postal Code: _____
 Home Phone: _____ Unlisted

<u>Parent / Guardian #1</u>	<u>Parent / Guardian #2</u>
<p>Student Lives With <input type="radio"/></p> Last Name: _____ First Name: _____ Address (if different from student): _____ _____ Postal Code: _____ Home Phone: _____ Work Phone: _____ Ext./Dept. _____ Cell Phone: _____ Email: _____ Employer: _____	<p>Student Lives With <input type="radio"/></p> Last Name: _____ First Name: _____ Address (if different from student): _____ _____ Postal Code: _____ Home Phone: _____ Work Phone: _____ Ext./Dept. _____ Cell Phone: _____ Email: _____ Employer: _____

<p><u>Contact Person #3</u> (if parent cannot be reached)</p> Last Name: _____ First Name: _____ Address: _____ _____ Postal Code: _____ Home Phone: _____ Work Phone: _____ Ext./Dept. _____ Cell Phone: _____ Email: _____ Employer: _____	<p><u>Medical Information</u></p> Allergies / Health Concerns: _____ _____ _____ Manitoba Health #: _____ Personal Health ID #: _____ Parent / Guardian Comments: _____ _____ _____
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Student Pick-Up List (please provide a list of all people who have permission to pick up your child from the program)

KidFit 60 requests your permission / consent for the following items – please select your preference in each box, and sign and date at the bottom of the page to acknowledge all chosen preferences.

Photographs, Videos, and Interviews

- I give my consent** to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.
- I do not give my consent** to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.

Walking Field Trips

- I give my consent** for my child to participate in walking field trips within the community.
- I do not give my consent** for my child to participate in walking field trips within the community.

Accident Liability

I release KidFit 60 after school program and individual staff from any liability in case of any accidents during activities related to the program as long as standard safety procedures have been followed.

Signature of Parent / Guardian: _____ Date: _____

Transportation Accident Liability

I release KidFit 60 after school program and individual staff from any liability in case of any accidents during transportation as long as standard safety procedures have been followed and safe driving practices have been taken.

Signature of Parent / Guardian: _____ Date: _____

Payments

I am aware of the monthly costs, registration deposit fee, and payment schedule for the program that I have chosen. I understand that I am responsible for making all payments for the KidFit 60 program by the stated due dates and that failure to provide payment will result in suspension of program services.

Signature of Parent / Guardian: _____ Date: _____

Refunds

I am aware of and understand that KidFit 60 is a monthly charge program offered in a 4 month, 6 month, or 10 month option, and that there are **no refunds** for days missed due to illness or vacation.

Signature of Parent / Guardian: _____ Date: _____

Date: _____ Signature: _____