

Fun and Fit Aftercare

Registration Instructions

Thank you for choosing Fun and Fit Aftercare for your childcare needs.

Current Fun and Fit Aftercare families: Do not need to submit a full registration package - Only submit the Selection Worksheet, Sun Screen Permission form, tuition agreement, informed consent and liability waiver.

All other families: Please complete all registration materials in the registration packet. There are signature lines on most forms/pages – please be on the lookout for them. The signature on the second page of the application is required for the application – it is not just for the Prohibited Person section.

Mail or Drop Off: Fun and Fit Aftercare
33 South Main Street
Mullica Hill, NJ 08062

Email: Funandfit@comcast.net

PRINTING NOTES: Please do **NOT** print the packet double sided. These forms must be sequenced in a particular way in your child's folder for State inspection and double-sided printing can cause issues. **Each child needs individual registration and medical forms.** Permissions and acknowledgments can be a combined on one form. You do NOT need to print any of the policy/procedure PDF as it is for your reference. You need only acknowledge your receipt of them. Every effort was made to produce the PDF forms in a universal fashion. If you print your forms from your PC/Laptop and they do not look like the on-screen format, please request paper copies.

Please do not submit "pictures" of your forms if emailing them. Please use a document scanner or MFP. Photos do not print with enough clarity or resolution for us to use as part of your child's records.

The PDF version of the selection worksheet does not calculate for you, though you are welcome to manually calculate it. Upon receipt of your registration materials, we will calculate your tuition and fees cost in an Excel version and provide a copy of that to you.

Please note that registration is on a *first come, first served* basis, and that we reserve the right to limit enrollment. Enrollment is based on the receipt of completed documentation and your deposit.

Fun and Fit Aftercare accepts Check, EFT, and Credit/Debit Cards for payment.

If you have any questions about the registration forms, please do not hesitate to contact us.

If your child has an inhaler, Epi-Pen, or will require routine prescription medication during their time with us, please request the appropriate forms. We will need a physician signed medication action plan for each child. You must provide medications that expire after the Summer Session (September 1st)

TJ's Cell is 856-816-1537 Fran's Cell is 856-816-1538



2023 Summer Program Registration / Application

Child's Information

Child's Legal Name (LN, FN): _____

Child's Preferred Nick Name: _____

Date of Birth: ____/____/____ Age ____ Gender M ____ F ____

Grade (as of September, 2023): ____ School (as of September, 2023): _____

T- Shirt Size (Circle one) Youth (XS, S, M, L) Adult (S, M, L)

Parent/Guardian Information

Mother's Name _____

Home Address _____

Home Phone Number: _____ Cell # _____

Preferred Contact Number is () Home () Cell

Mother's Email Address _____

Father's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number: _____ Cell # _____

Preferred Contact Number is () Home () Cell

Father's Email Address _____

Prohibited Pick-up Notification

Please identify any individual(s) who are prohibited from picking up your child. In the event that this person(s) attempts to retrieve your child from the center, and does not leave immediately upon our refusal to release the child, we reserve the right to call law enforcement for assistance. A copy of a legal order is required to support a prohibited person election.

Prohibited Person

(Please attach additional sheet if necessary)

Name: _____

Relation to Child (if any): _____

Physical Description: _____

Address (if known): _____

Alternate Pick-up / Emergency Contact Designees

**We will not release a child to anyone not listed as a parent/guardian or on this additional authorized pick-up list.
Please note we may ask for Photo Identification to verify the identity of any person pick-up a child.**

Please provide the names of additional persons you authorize to pick-up your child or who can serve as an alternate Emergency Contact if we are unable to reach you. You may amend or add to the list at any time by providing written notice.

Alternate Responsible Party #1

Name of Contact Person: _____

Relationship to Child: _____

Address: _____ City: _____ State: _____

Preferred Contact Number: _____

Alternate Responsible Party #2

Name of Contact Person: _____

Relationship to Child: _____

Address: _____ City: _____ State: _____

Preferred Contact Number: _____

Parent/Guardian Signature

Date

Child's Full Name _____

Is your child in overall good health? () Yes () No

Pediatrician's Office Number: _____

Does your child have any restrictions that would prevent them from participating in the program's physical activities? ☐ Yes ☐ No

Check one	Medical Condition
() Yes () No	Asthma (Please specify specific triggers if known.)
() Yes () No	Diabetes (Type I or Type II)
() Yes () No	Fainting Spells
() Yes () No	Recurring Headaches / Migraines
() Yes () No	Blood Pressure (High or Low)
() Yes () No	Vision Issues
() Yes () No	Hearing loss/Issues
() Yes () No	Previous Broken Bones or Joint Mobility Issues
() Yes () No	Balance Issues
() Yes () No	Other: (please explain below)

[illegible]

Is your child current on all vaccinations required to attend NJ Public Schools? () Yes () No*

If No, please detail which vaccinations your child has not been given.

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*Please note that Fun and Fit Aftercare requires all students be vaccinated as required by State Law unless there is an exception recognized by the State.

Has your child been hospitalized within the last three years? () Yes () No

If Yes, please explain.

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Is your child allergic to any insect bite/stings, foods, or medications? () Yes () No

Allergy/Allergan	Reaction

Does your child have any physical, social, emotional, or learning concerns that we should be aware of in order to provide the best camp experience for them? () Yes () No

If Yes, please explain.

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Medication History

Is your child taking **any** Prescription or OTC medications regularly? () Yes () No

If you answered checked Yes, please provide additional details:

Medication	Reason for taking	Dose needed between (7:00am to 6:00pm)
		() Yes () No
		() Yes () No
		() Yes () No

If you answered YES to indicate that a dose of a particular medication may be needed during their Summer Session, please request an Authorization to Administer Form from the Program Director. Children are not allowed to self-administer medication while present in the facility without the knowledge and oversight of the Fun and Fit Aftercare staff.

Fun and Fit Aftercare will require a supply of the medication(s) to be given in the Original Prescription Container with the child's name and dosing information on the Pharmacy Issued Label.

Please note that if your child requires an Epi-Pen due to allergies, we require you to provide us with an Epi-pen set that has an expiration date after the completion of the Summer Camp season. You are also required to provide a detailed instruction sheet from your child's physician indicating the reason for the Epi-Pen, and administration instructions. If Benadryl is the first line of treatment, the detailed instructions should include the dosage.

If your child requires the occasional use of a rescue inhaler, we require you to provide us an inhaler that does not expire until after the completion of the Summer Camp season.

All Medications provided for student use will be kept securely and administered subject to Fun and Fit Aftercare's Medication Administration Policy.

I, _____ certify that my child is in good physical health, and the above medical information is accurate to the best of my knowledge. My child has no limitations on participation in the Fun and Fit Aftercare program not noted above. Further, should any significant change in my child's medical status change, I will notify Fun and Fit Aftercare as soon as reasonably possible.

Parent/Guardian Signature _____ Date _____

Release for Medical Treatment

I/We _____ hereby authorize Fun and Fit Aftercare Management and Staff to provide appropriate first aid to my/our child _____ in the event of a minor injury and in keeping with Fun and Fit Aftercare's First Aid Policy.

In the event of a significant medical emergency requiring my/our child to be transported to a medical facility, I/we authorize Fun and Fit Aftercare's Management to release my/our above-named child to appropriate First Responders/EMS for the purposes of obtaining necessary emergency medical care. A member of the Fun and Fit Aftercare management/staff will accompany the child to the hospital unless prohibited by First Responders.

We acknowledge that the management of Fun and Fit Aftercare will attend to the safety and health of my child as its first priority and that every effort will be made to contact me/us or our Emergency Contact Designees as soon as practical given the specifics of the medical situation.

Signature of Mother/Legal Guardian _____ **Date:** ____/____/____

Signature of Father/Legal Guardian _____ **Date:** ____/____/____

Fun and Fit Aftercare
Self Defense Systems of South Jersey, LLC

Informed Consent

I, and/or on behalf of my minor child _____ am hereby enrolling in a Summer Camp program operated by Self Defense Systems of South Jersey (dba Fun and Fit Aftercare) referred to below as “the program”. I understand that this program includes physical activities and exercise, activities on and off site, and transportation via hired bus service.

I assume the responsibility, as indicated by the signature below, of all risk associated with the program that my child engages in. It has been explained to me that no program is without inherent risk of injury, and I fully understand that, if I choose to participate, my child may experience possible minor or major injury, and even death.

I hereby affirm that, to the best of my knowledge, my child does not suffer from any condition that would prevent or limit participation in the program, and I have not withheld any related information regarding my child’s current health condition.

In addition, I acknowledge that if my child’s health status changes it is my responsibility to notify the program owners.

By signing below, I acknowledge the following:

- My child/ren’s participation in the program is completely voluntary.
- I understand that there is some risk of physical injury or harm in participating in the Program.
- I understand that physical contact between students may occur during activities.
- My child/ren has no health condition that would impair them from participation in the program.
- My child will attend off-site field trip destinations if I have signed up for those trips and be transported by an independent bus company.

I hereby affirm that I have read, have been honest, and fully understand the above information.

Date: _____

Parent/Guardian Signature

Fun and Fit Aftercare

Self Defense Systems of South Jersey, LLC

Liability Waiver

Student(s) covered by this waiver: _____

This agreement applies to personal injury, which I understand may arise due to participation in the Summer Camp Program and any and all claims resulting from personal bodily injury while utilizing the services and equipment of Self Defense Systems of South Jersey, LLC (dba Fun and Fit Aftercare) herein referred to as "the program". The parent/guardian of the student(s) enrolled in the program will herein be referred to as "the parent".

The Parent acknowledges and affirms that the enrolled student(s) is in good health and that participation in the Summer Camp offered by the program will consist of activities that are physical in nature, will take place in the program's building, the surrounding areas of Mullica Hill, and at designated field trip locations disclosed as part of the registration process or at a subsequent time if changes are necessary. The Parent also acknowledges transportation to field trip locations, utilizing hired bus service, is part of the program.

The parent accepts all risk associated with participation in the program including all on-site and off-site activities, and field trips. As such, the program shall not be liable to Parent/Student for claims, demands, injuries, damages, or actions arising due to injury to student's person or property arising out of, or in connection with, the use by student of the services, facilities, instruction, and premises of the program.

The parent hereby holds the program owners, agents and employees harmless from all claims which may be brought against them by student or on student's behalf for any reason. The parent hereby further agrees not to bring any claim or suit nor cooperate in the bringing of such a suit or claim against the program. The parent agrees that any dispute on behalf of self, a child, or family member, shall be resolved in binding arbitration.

Should a suit be filed in court, Parent/Student do specifically authorize the court to order the case to binding arbitration. Therefore, in consideration for attendance and participation in the program, the parent acknowledges the existence of certain inherent risks in participation and hereby assume all risk in participation. The Parent shall indemnify the program owners and staff from all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

In consideration of participation in the program, I for myself, or on behalf of my minor child(ren) listed above, personal representatives, administrators, heirs and assigns, hereby hold harmless the program, its Board, employees and agents, from any claims, demands, and causes of action, to include reasonable legal expenses and attorney's fees arising from my child's participation in the program unless caused by the program's recklessness or intentional misconduct.

I hereby release the program, its owners, employees and agents, from any liability, now or in the future, for any injury that my child(ren) may sustain as the result of participation in the program.

x _____ Date: _____
Parent or Guardian Signature

PARENT

RECEIPT OF INFORMATION:

☐ Information to Parents Document

☐ Policy on the Release of Children

☐ Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

☐ Policy on Communicable Disease Management

☐ Expulsion Policy

☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name:

Signature

Date

Attendance Selection

Child's Name: _____

Pre-camp drop in days: (Please select if you need childcare.)

Wed 6/14 _____ Thurs 6/15 _____

My child will attend Camp Fun and Fit on the following days:

(Please place an X in the days your child will be in attendance.)

Week#	Week	Theme	M	T	W	T	F
1	June 19-23	Opening Week					
2	June 26 –30	Game Show Mania					
3	July 3 – 7*	Below the Waves					
4	July 10 – 14	Lego Week					
5	July 17 – 21	Artful Antics					
6	July 24 - 28	Ninja Parkour					
7	July 31 – Aug 4	Dino Week					
8	Aug 7 – 11	Around the World					
9	Aug 14 – 18	Water Water Everywhere					
10	Aug 21 – 25	The World Above					
11	Aug 28 – Aug 31*	Aloha Summer					

* In weeks 3 and 11 the blacked out days are not available.

Once we receive your registration, we will provide a registration calculation worksheet for you to review. That document will determine your tuition amount based on the information above.

Please note there is a two day per week minimum and a two week minimum for enrollment.

Parent Signature

Date

Fun and Fit Aftercare

2023 Summer Program Tuition Agreement

I/we _____ the parent/guardian/guarantor of

_____ have enrolled my/our child in the Fun and Fit Aftercare Summer Camp program.

I/ We understand our total tuition due for all Summer Camp weeks our child(ren) will attend is:
_____ as calculated on our Selection Worksheet.

We understand that capacity in the Fun and Fit Summer Camp program is limited and our registration payment holds our child(ren)'s spots. **We understand that we will be charged for all weeks that we registered for, regardless of attendance. No refunds will be given for any reason.**

We authorize Self Defense Systems of South Jersey (DBA Fun and Fit Aftercare) to charge our indicated payment method as agreed to on our Selection Worksheet and as follows:

Early Registration Deposit: (For enrollment prior to May 1, 2023) (non-refundable) _____ \$150.00

Payment 1: 1st half (due by May 15th) Amount: _____

Payment 2: 2nd half (due by June 15th) Amount: _____

I/we understand that Tuition is payable by Check, Cash, EFT, or Debit/Credit Card on the dates indicated on the Registration Packet and as noted above.

I/we intent to pay tuition by: () EFT () Debit/Credit () Cash/Check

I understand that any fees, such as but not limited to, Drop In Days (if available), late pick-ups, or NSF Bank Fees are due and owing when incurred and must be paid within three (3) calendar days of the occurrence. Repeated late payments or NSFs may result in suspension or expulsion from the program.

I/we understand that I/we are responsible for the above stated tuition for my child regardless of the number of days attended. There are no refunds of tuition paid.

My signature below indicates full understanding and compliance with the program's payment policies.

Guarantor/Parent/Guardian Signature

_____/_____/_____
Date

BLANKET PERMISSION FOR WALKING TRIPS

Center Name: _____

Child's Name: _____

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility other than the following:

Signature of Parent/Guardian

Date

Permission to Apply Insect Repellent and/or Sun Screen to Child

Center Name:	Fun and Fit Aftercare		
Child's Name:		Child's Age:	

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***insect repellent*** on my child:

- _____ Staff may apply the center's ***insect repellent*** according to the directions on the product label.
- _____ I do not know of any allergies my child has to children's ***insect repellent***.
- _____ My child is allergic to some ***insect repellents***. I have provided the following brand/type of ***insect repellent*** for use on my child:

- _____ Please DO NOT apply ***insect repellent*** to the following areas of my child's body:

- _____ **Please do not apply insect repellent to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date:

As the parent/guardian of the above named child, I have initialed next to the applicable statement(s) for the use of ***sun screen*** on my child:

- _____ Staff may use the center's ***sun screen*** according to the directions on the product label.
- _____ I do not know of any allergies my child has to children's sun screen.
- _____ My child is allergic to some ***sun screens***. I have provided the following brand/type of ***sun screen*** for use on my child:

- _____ Please DO NOT apply ***sun screen*** to the following areas of my child's body:

- _____ **Please do not apply sun screen to my child.**

Parent/Guardian's Name:	Parent/Guardian's Signature:	Date: