

Fun and Fit Aftercare

Registration Instructions

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

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 causes issues. **Each child needs a FULL registration package.** 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, only PDFs. Please check your PDFs to ensure they are complete and not cutoff in anyway.

New this year is a working copy of the Tuition Calculation Worksheet. There are specific instructions for this Excel document in the Documents section of our website. We request that you use the excel versions and submit those via email (note the naming convention), however, if you are not comfortable with the process or MS Excel please print a copy and manually fill in the attendance information. We will do the calculation for 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

Important Summer Camp Details

Please take note of the following details regarding Summer Camp Policies, operations, and dates. Some items are changes from previous years, others important variations.

Selection and Calculations

We are providing an MS Excel spreadsheet that will allow you to combine the selection worksheet and the tuition calculations into one process. There is an instruction sheet that should be used to fill out the calculator. The calculator has been structured to automate the process. Should you have any questions about the calculator please reach out to us. If you prefer to have us do the calculations sheet, please print the sheet and mark the days for attendance and submit them to us. We will complete the worksheet and return it to you for confirmation.

Schedules/Changes

We realize that many families will have not confirmed their vacation and other plans for the summer. Our process is designed to provide some flexibility to make changes as your plans come into focus. We balance this with our need to confirm reservations and in many cases provide payment to our field trip destinations prior to the Summer.

We recommend signing up for the number of weeks you want and then using the ability to swap weeks around. Note that May 15th is the deadline for swapping weeks due to vacation plans etc. and changes are subject to availability.

There is a \$25.00 change fee for any changes after May 15th

Field Trips

The field trip to the Raptor Trust Conservation center is on THURSDAY of that week

The field trip to Dutch Wonderland is an extended day. Due to their hours of operation, and so we can maximize the fun time at the park, we will likely not return to Mullica Hill until 8:00pm that evening. We will provide diner at the park. We will have more details as summer approaches.

Drop Ins

Drop in days are defined as additional days of participation during weeks when the child is already scheduled to participate. Requests to participate on non-scheduled weeks are subject to the two-day minimum. Drop-in days are subject to availability.

Discounts

We changed our discount approach for attendance this summer. Instead of 11 weeks, we offer the discount when registration for a child is 45 days or more.

Miscellaneous

Staffing Levels Permitting, children attending on swim club days will typically have the option to not go to the pool.

There is a 2 week, and 2 day per week minimum attendance requirement for registration.



2024 Summer Program Registration / Application

(Please remember to sign the bottom of page 2)

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, 2024): ____ School (as of September, 2024): _____

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

Fun and Fit Aftercare Registration

Medical Background Statement

Child's Full Name _____

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

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

Child's Pediatrician: _____

Pediatrician's Office Number: _____

Date of last Well Child Visit: ____/____/____

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

Does your child have any significant medical conditions such as:

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)

If you answered Yes to any of the above, please provide additional details here:

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

*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.

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

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

If Yes, please explain.

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

Does your child have an IEP, 504, BSP (Behavioral Support Plan), or similar at school or childcare program?
() Yes () No

If Yes to either of the above, please provide additional details. Understanding your child’s individual needs will help us with cohort placement and, where possible, modifications to ensure their best possible experience in our program.

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 the necessary paperwork from the Program Director. Children are not allowed to self-administer ANY medication while present in the facility without the knowledge and oversight of the Fun and Fit Aftercare staff.

PRESCRIPTION MEDICATIONS

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. Please request the necessary paperwork from the Program Director.

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. Please request the necessary paperwork from the Program Director.

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:** ____/____/____

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

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:			
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:

Fun and Fit Summer Camp

Field Trip / Activity Permission Slip

I have enrolled my child, _____ in the Fun and Fit Summer Camp program.

I understand that as part of the program my child will participate in off-site field trips if I selected those days in my registration and selection process.

By my signature below, I hereby:

1. Give permission for my above named child to attend the field trips listed if they occur on a day my child is attending camp.
2. Give permission for my child to ride buses or other commercially operated modes of transport under the supervision of Fun and Fit Staff.
3. Agree to sign any additional permission documents required by field trip destinations.
4. Acknowledge that should a field trip destination be changed, I provide implicit permission for my child to participate.
5. Agree that behavioral issues while on field trips, singular or as a pattern, may result in my child not being allowed to participate in future off-site activities / Field Trips. I understand that any fees paid for field trip/activity participation will not be refunded if my child is not allowed to participate due to behavioral issues.

Summer 2024 Field Trip List.

Name of Destination of Activity	Location
Raccoon Creek Ecology Walk	Raccoon Creek, Mullica Hill, NJ
Washington Township Parkour	Washington Twp, NJ
The Raptor Trust	Millington, NJ
Dutch Wonderland	Lancaster, PA
Wood Lanes	Pilesgrove, NJ
Cape May Zoo	Cape May, NJ
Splashplex/Funplex	Mount Laurel Township, NJ
Story Book Land	Egg Harbor Township, NJ

Parent Signature

Date

Fun and Fit Summer Camp 2024

Tuition Information

Registration: \$50.00 per child; \$75.00 per family

- Registration fee is waived if completed registration and **full payment** are received on or before May 1, 2024.

Days/wk	Tuition
5	\$290 /Week
4*	\$270 /Week
3*	\$220 /Week
2*	\$160 /Week
Drop-In**	\$75/day

*Due to staffing and licensing requirements, students registered for less than 5 day a week programs must indicate the days of the week they will attend. Please use the Registration Calculation Worksheet.

**Drop in days are defined as additional days of participation during weeks when the child is already scheduled to participate. Requests to participate on non-scheduled weeks are subject to the two-day minimum.

**Drop-in days are subject to availability.

***Non-Full Time (5 days per week) students will incur the drop-in fee on Field Trip Days in addition to the listed Part-Time Field Trip Fee.

***Non-Full Time (5 days per week) students will NOT incur the drop-in fee if the Field Trip falls on the students' regularly scheduled day. Only the Part-Time Field Trip fee will apply.

Discounts: (only one discount type applies to each family)

- Register for more than 44 days of the program, and receive \$150.00 tuition discount
- Multi-Child Families – 15% off each additional child

Payment Due Dates:

Early Registration: (January 15, 2024 until May 1st)

- A \$150.00 non-refundable deposit will hold your child's spot.
- The balance of tuition owed is due in two payments. May 15, 2024 and June 15, 2024.

Registration after May 1, 2024

- First Payment: $\frac{1}{2}$ of total tuition due by May 15th and holds your child/ren's spot.
- Second Payment: $\frac{1}{2}$ of total cost due by June 15, 2024.

Fun and Fit Aftercare 2024 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, 2024) (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

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 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