

Fun and Fit Aftercare

Registration Instructions

Please complete all registration forms for all children attending. **Returning families**, please note that the State requires an annual update of all information and full packets are required each year.

USPS Mail or Drop Off at:

Attn: Fran Coakley
Fun and Fit Aftercare
33 South Main Street
Mullica Hill, NJ 08062

Email (PDF only): FUNANDFIT@Comcast.net

Instructions and Notes:

- PLEASE SIGN THE BOTTOM OF THE SECOND PAGE OF THE APPLICATION.
- 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 is not permitted.
- You do NOT need to print the policy/procedure PDF (Part 2 of the registration materials) as these are for your reference. You need only acknowledge your receipt of those policies.
- Every effort was made to produce the PDF forms in a universal fashion. Some parents have had issues with the PDF forms printing correctly. If you print your forms from your PC/Laptop and they do not look like the on-screen format, please request paper copies.
- 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 registration fee. (Please make checks payable to Fun and Fit Aftercare.)
- The registration fee and the first month of tuition is due at time of registration. Thereafter, tuition is due on the first day of the month. If you are planning to pay by EFT or Credit Card, we will contact you to confirm your billing information.
- Registration materials must contain billing information.
- 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.
- Please complete the Alternate Bus Stop form and return it to Fun and Fit with your completed registration.

Payment Options:

Fun and Fit Aftercare accepts Check, EFT, and Credit/Debit Cards for payment. Please note that credit card payments will have a 3.5% surcharge added to cover the additional fees imposed by credit card companies on those transactions.

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

Fran's Cell is 856-816-1538

Fun and Fit Aftercare
2024-2025 School Year Application
(ONE FORM PER CHILD PLEASE)

Child's Information

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

Date of Birth: ____/____/____ Age____ Gender M_F__

Grade (as of Sept 2024): _____ School (as of Sept 2024): _____

Check all that apply: AM Session () PM Session ()

Days Attending Fun and Fit*: M () T () W () Thr () F ()

*Services are available from 6:45am to 6:00pm on all days checked.

Parent/Guardian Information

Mother's Name _____

Home Address _____

Home Phone Number: _____ Cell # _____

Employer: _____

Preferred Contact Number is () Home () Cell

Mother's Email Address _____

Father's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number: _____ Cell # _____

Employer: _____

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.

Prohibited Person(s)

(Please attach additional sheet if necessary)

Name: _____

Relation to Child (if any): _____

Physical Description: _____

Address (if known): _____

Alternate Pick-up / Emergency Contact Designees

Fun and Fit Aftercare takes the safety and security of every student as its upmost responsibility. 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 up to two 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 these lists at anytime 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

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

Check one	Medical Condition
() Yes () No	Asthma
() 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: (explain below)

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

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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/Allergen	Reaction

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

If Yes, please explain.

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

If Yes, please explain.

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	Is a dose needed during time at our program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to indicate that a dose of a particular medication may be needed during the Aftercare Session, please request an Authorization to Administer Form from the Program Director as 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 that has an expiration date after the completion of the school year. Additionally, we will need a physician signed administration plan.

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 school year. Additionally, we will need a physician signed administration plan.

All Medications provided for student use will be kept under lock and key 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:

(Please check all boxes)

- ☐ 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

Fun and Fit Aftercare

2024-2025 Tuition Agreement

I/we _____ the parent/guardian/guarantor of
_____ have enrolled my/our child in the Fun and Fit Aftercare program.

We have opted for the:

() Five () Four () Three () Two day a week program () Drop In / School Closed Days Only (Billed When Utilized)
and agree to pay _____ monthly installments of \$ _____ for tuition.

I/we understand that Tuition is payable by Check, EFT*, or Debit/Credit Card* on or before the first calendar day of the Month.

*Please note that: Credit Card and EFT transactions will be made by Self Defense Systems of South Jersey and that Credit Card payments are subject to a 3.5% surcharge to offset the fees we are charged by the credit card processing networks.

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

**If EFT is checked, I hereby authorize Self Defense Systems of SJ DBA Fun and Fit Aftercare to initiate ACH debits to my bank account in the amount noted above on or about the first day of each month tuition is due. I understand I may revoke this authorization by emailing funandfit@comcast.net at least 10 business days prior to the authorized processing date.

Late fees and failure to make payments

I/we understand that a late fee of \$50 will be assessed for Tuition paid after the 7th calendar day of the month and that if our monthly tuition remains unpaid on the 14th calendar day of the month my/our child will be terminated from the program. Re-admission is dependent on payment of overdue tuition and you child will be placed at the bottom of the waiting list. I understand that any fees, such as, but not limited to Drop In Days, 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.

Changes to enrollment

I/we understand that if we opted for less than five (5) days per week attendance, we may increase the number of days my/our child will attend by paying the increased tuition rate. This change requires written authorization and partial month increases will be billed on a pro-rated basis. I/we understand that we can reduce the number of days my/our child attends only in September and January. Tuition will be adjusted accordingly at that time.

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 an Extended Care 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, and walks around the Mullica Hill area.

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

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 Extended Care 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 Extended Care 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.

The parent accepts all risk associated with participation in the program including all on-site and off-site activities. 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



2024-2025 School Year Pricing

Monthly pricing is calculated based on the number of days per week you child will attend over the course of the 10 month, 180-day school year. Tuition is billed monthly.

	Number of Days Per Week			
	2	3	4	5
Monthly Cost	\$200	\$270	\$325	\$360

Other Fee Information

Registration Fee - \$50.00/Individual \$75.00/Family

AM Only \$130.00/month

Early Dismissal Days – No Charge on regularly scheduled days

In-Service Days/Snow Day - \$55.00

Drop-in rate is \$35.00/day* (limited availability)

*A drop in day is defined as attending on a day/session that your child is not normally scheduled to attend.

FREE Hold for Parent Pickup Option for students attending less than 5 days per week.

Discounts

Each Additional Child - 20% off

OKKA Karate student attending Fun and Fit - 10% off Karate tuition

Fun and Fit student taking Karate - 10% off Karate tuition

For more information, please call Fran @856-816-1538 or email funandfit@comcast.net

Facebook: @Funandfitaftercare

Harrison Township School District - Transportation Department
120 N. Main Street, Mullica Hill, NJ 08062
(856) 478-2016 ext 9000 • Fax: (856) 478-0699
Sue Hanlon, Transportation Supervisor
Email: HanlonS@harrisontwp.k12.nj.us



ALTERNATE STOP REQUEST

INSTRUCTIONS:

Complete the information requested below. You may request an alternate stop for AM and/or PM drop-off, which must be the same pick-up or drop-off location for all five (5) days of the week. Once designated, the location must remain the **same** for the calendar year. Any adult supervisor approved by the parent at the alternate stop must assume responsibility for the parents in assuring that the student is picked up and dropped off safely.

PLEASE NOTE: THIS FORM MUST BE SUBMITTED TO THE TRANSPORTATION OFFICE BY JULY 19, 2024. NO REQUESTS WILL BE RECEIVED AGAIN UNTIL FOUR (4) WEEKS AFTER THE FIRST DAY OF SCHOOL. ANY REQUESTS RECEIVED AFTER THE JULY 19, 2024 DEADLINE WILL BE CONSIDERED ON A SPACE AVAILABLE BASIS.

Student's Name _____ Grade _____

Home Address _____

Alternate Stop Requested _____

Circle one: AM PM BOTH

Effective Date of Change: _____ School Year _____

PARENT/GUARDIAN SIGNATURE _____

Adult Supervisor at Stop _____

Address _____

Telephone _____

ANY CHANGES MUST BE SUBMITTED AT LEAST ONE (1) WEEK PRIOR