

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 Print All Forms SINGLE SIDED.**
- You do NOT need to print the Policy/Procedure PDF as this is 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. If you print your forms from your PC/Laptop and they do not look like the on-screen format, please request paper copies.
- **If you complete the forms using a PDF editor, please ensure that the page breaks are consistent with the original forms.**
- **PLEASE SIGN THE BOTTOM OF THE SECOND PAGE OF THE APPLICATION.**
- Please note that registration is on a *first come, first served* basis, and that we reserve the right to limit enrollment. Enrollment confirmation is based on the receipt of completed documentation, registration fee and first month's tuition. (Please make checks payable to Fun and Fit Aftercare.)
- Registration materials must contain billing type and information.
- **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 Credit Card, we will contact you to confirm your billing information. If you will be paying using the EFT option, please provide a voided check (or copy of one).
- 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. The registration fee will be waived for families selecting automated payment methods (EFT and Debit/Credit Card). 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.

Text/Call Fran at 856-816-1538 or email her at funandfit@comcast.net

Daily Need to Know Info for Fun & Fit Aftercare (Please save for future reference.)

Hours of Operation: 6:45 a.m. - 6 p.m.

- **Absent or Picking Up Earlier than Normal:** TEXT Fran (856)816-1538
- **Please add Fran Coakley (856)816-1538 to both parents' cell phones.** That way my name will pop up if/when I need to reach you.

Morning Drop-Off

- Pull your car forward into the Handicap Parking spaces (next to the building).
- Do **NOT** line cars up in the driveway.
- If Handicap Parking is full, please park in the parking lot.
- Carefully exit the car with your child.
- Please use the walkie-talkie to let staff know you are here. If you don't receive a reply from staff after 20 seconds, please re-call on the walkie... hold the button down for a second **before** you start talking and release **after** you stop talking (otherwise your communication will not be heard completely).
- A Staff member will check-in your child.

Afternoon Pick-Up

- **Please Park in the parking lot.** (At this time of day, we can't "borrow" handicap parking.)
- Use the walkie-talkie to let staff know that you are here to pick up your child.
- Fewer words are better...**example** "*John Smith picking up Mary Smith.*"
- If you don't receive a reply from staff after 20 seconds, please re-call on the walkie... hold the button down for a second **before** you start talking and release **after** you stop talking (otherwise your communication will not be heard completely).
- Please walk your child to your car. ***Please do not allow your child to bolt to your car without you. Our lot is used by Fun & Fit families, Karate families, as well as customers and staff from surrounding businesses.***

A word about Breakfast...

- Children arriving at Fun & Fit between 6:45 a.m. – 7:45 a.m. may bring breakfast (if there isn't enough time to eat breakfast at home).
- If your child needs to eat breakfast at F & F, please pack a simple, easy to eat breakfast.
- Please do NOT send in something that needs to be warmed up or prepared in a microwave.
- If your child is being dropped off after 7:45 a.m., please eat breakfast at home.

A word about After School Snack...

- **NO** soda or carbonated beverages permitted.
- After School Snack will be provided by us. We have an entire range of healthier snack options.
- If your child does not like our snack options, please pack an afternoon snack in their backpack.
- Typically on Fridays we have a special treat... frozen fruit pops, water ice cups, ice cream, etc.

The following are NOT permitted at Fun and Fit:

- Toys and games from home.
- Electronics... iPads, hand-held video games, chrome books, cell phones, smart watches, etc.
- If you need your child to have a cell phone while at Fun & Fit, please contact us.



2025-2026 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.

Before and After School Care

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

A.M. Only - \$130.00/month

Other Fee Information

Registration Fee - \$50.00/Individual; \$75.00/Family (waived if auto billing selected)

Early Dismissal Days – No Charge on your child’s regularly scheduled days

Various School Closure Days/In-Service Days/Snow Days - \$60.00 (full day)

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

Fun and Fit Aftercare 2025-2026 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.

I/we intent to pay tuition by:

☐ Check ☐ EFT** (**Attach Voided Check**) ☐ Debit/Credit Card* (Subject to 3.5% surcharge)

*The registration fee is waived for families selecting automated payment methods (EFT and Debit/Cred Card).

**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 your 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 January. Tuition will be adjusted accordingly at that time.

My signature below indicates full understanding and compliance with the program's payment policies with regard to tuition and any additional fees associated with the Fun and Fit Aftercare program.

Guarantor/Parent/Guardian Signature

_____/_____/_____
Date

Fun and Fit Aftercare
2025-2026 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 2025): _____ School (as of Sept 2025): _____

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

Days Attending Fun and Fit*: **Mon** () **Tue** () **Wed** () **Thu** () **Fri** ()

*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

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 Yes or No	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)

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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 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

Fun and Fit Aftercare

Self Defense Systems of South Jersey, LLC

Acknowledgement of the Daily Need to Know Info Document

The document listed above has been created to ensure that before care/after care sessions can proceed in a SAFE, efficient, and enjoyable manner for all students.

The items outlined in the document are the result of lessons learned over the years since we started our program. .

We appreciate you taking the time to read and incorporate the considerations into your daily plan.

Thank you.

I have read the above mentioned document and understand the expectations contained within it.

I understand that it is my responsibility to communicate the specifics of the document to any person responsible for preparing my child for attendance, dropping them off, or picking them up at Fun and Fit Aftercare.

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

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

Informed Consent

I, 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’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 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 enrolled in the program will herein be referred to as "the parent."

The parent acknowledges and affirms that the enrolled student 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.

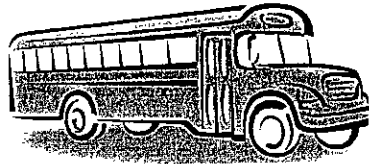
In consideration of participation in the program, I for myself, or on behalf of my minor child listed above, personal representatives, administrators, heirs and assigns, hereby hold harmless the program, its Board, employees and agents, from any claims, demands, and causes of action, to include reasonable 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 and in the future, for any injury that my child may sustain as the result of participation in the program.

x _____

Parent or Guardian Signature

Date: _____



**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
HanlonS@harrisontwp.k12.nj.us

**2025-2026
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 entire school 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.

**THIS FORM MUST BE SUBMITTED TO THE
TRANSPORTATION OFFICE BY July 18, 2025**

Requests received after the July 18, 2025 deadline, will not be considered until after September 12, 2025. Any requests received after the due date will be considered on a SPACE AVAILABLE BASIS and must be received at least one (1) week prior to effective date of change.

Effective Date of Change _____

Circle one: AM PM BOTH

Student's Name _____

Grade _____

Home Address _____

Phone _____

Alternate Stop Requested Fun and Fit Aftercare
33 S. Main St., Mullica Hill

Adult Supervisor at Stop F & F Staff Member
Contact Phone Number: 856-816-1538 (Fran Coakley)

PARENT/GUARDIAN SIGNATURE _____