

Kickin' It Kids Registration Form

Start Date: _____

End Date: _____

PLEASE CHECK THE APPLICABLE PROGRAM:

_____ Toddler _____ Preschool _____ Pre-K
_____ Kindergarten Enrichment _____ HomeSchool _____ AfterSchool

Enrolling Student for the **Full Month:** Yes No

Including Half-Days: Yes No

For Daily Schedule:

Enrolling Student on a **Consistent** (Mon-Fri) Per Week Basis: _____ Yes _____ No

_____ Before Hours (8am-9am) _____ After Hours (3pm-6pm) Until _____ pm

For Limited Schedule:

Enrolling Student on a **Limited** Per Week Basis: _____ Yes _____ No

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ Full Day (9am-3pm) _____ Mornings Only (9am-12pm) _____ Afternoons Only (12pm-3pm)

_____ Before Hours (8am-9am) _____ After Hours (3pm-6pm) Until _____ pm

Rates Vary Per Program & Schedule, Consult w/KI Specialist Upon Completion of Form:

Rate Per Week \$: _____ x Per Month _____ KI: _____

Rate _____ x Select # of Days Per Week _____ \$ _____ KI: _____

Include My Child During School Days Off & Vacation Schedules *Additional Fees Will Apply: Yes No

_____ Columbus Day _____ Election Day _____ NJEA Convention (1- 2 Days) _____ Winter Recess

_____ MLK Day _____ Presidents Day (1-2 Days) _____ Spring Recess

_____ Memorial Day _____ Other Dates: _____

_____ *I am reserving the space for my child to attend the center during School Days Off and/or Vacation Days, limiting other children from enrollment; if I do not notify the center one week prior to cancel, I will be charged in-full for that time.* Rate \$ _____ Per Day \$ _____ Per Week

_____ Emergency or Unexpected School Closures Are Not Reimbursable

_____ Family Schedule Changes or Unused Time Are Not Reimbursable

_____ Fees Must be Paid Prior Enrollment, Student Can Not Attend Program if Fees Are Not Current

_____ Returned Check Fee of \$75.00 Will Apply

_____ Please note that KI follows the Manalapan/Englishtown School District for Closings/Vacations

Kickin' It Kids Center: Understanding and Conditions

___I understand the premise of the Kickin' It programs; reinforcing positive respectful manners and etiquette, while creating a safe, healthy environment for my child.

___I understand the center focuses on helping my child to develop into healthy, functioning socially acceptable members of the community, validating, supporting and encouraging my child to excel in their life's journey.

___I understand the center will make me aware of my child's actions, behaviors and manners on a daily basis in a private atmosphere.

___I understand the center is designed to validate my child's feelings and thoughts developing a bond with the staff and building a trust, however if the staff feels my child is in an unsafe or unhealthy situation I will be notified immediately.

___I understand the center focuses on addressing individuals in a genuinely friendly and respectful manner such as: Sir, Ma'am, Ms, Mr, or Coach and my child will be encouraged to follow accordingly.

___I understand the center focuses on polite exchanges and social interactions such as: Please, Thank You, You're Welcome, Etc., and my child will be encouraged to follow accordingly.

___I understand the center/guardian relationship is vital to my child's growth and experience. Keeping a positive open relationship will greatly benefit my child's experience at the center.

___I understand if my child participates in negative behavior, is disrespectful or acts inappropriately it will be addressed in a swift and positive manner.

___I understand at any time, I or the center, can withdraw my child's enrollment, if either party feels the child is not benefitting from the center programs.

___I understand the nature of the center active programs; and my child is able to physically participate in activities without restriction, hereby releasing responsibility of the center, staff and owners of liabilities, losses or action.

___I understand my child is not to bring any electronics such as cell phone, video games, etc., and do not hold the center, its staff and owners responsible for loss or damages.

___I understand my child should wear or bring clothes that are appropriate to participate in activities. Sneakers that are secure have been strongly recommended, if the center staff feels it would be unsafe for my child to not participate in an activity, due to footwear, I respect their judgment.

___I understand the center does not allow apparel such as: see-through or belly shirts, inappropriate language or gestures on apparel, skirts without undergarments, sunglasses & hats are not allowed.

___I understand KI is a 501c3 charity, from time to time my child will be asked if they would like to be involved in campaign benefits and fundraisers, but it is not a requirement for my child to participate.

___I understand if my child has a runny nose or cough KI may call to have my child picked up. I must make KI aware if my child is taking any cold medications. My child must be off antibiotics for 24 hours before returning to KI.

I notice my child has interest in: _____

I would like support with my child in the following area(s): _____

Signature: _____

Date: _____