

\$25 Enrollment Fee (Non-refundable)    \$125 \_\_ One Time Activity Fee

\$135 \_\_ Weekly Per Child    250\_\_ (2 CHILDREN) \$355\_\_ (3 CHILDREN)

# Totallykiddz

**STUDENT INFORMATION: PLEASE PRINT**

| Last Name  | First Name | Middle Name              | Nickname      |
|------------|------------|--------------------------|---------------|
|            |            |                          |               |
| Birthdate: | Age:       | Sex:    M    F<br>Circle | T-shirt Size: |

**Please check week(s) you plan to attend:**  
**(\$10 Deposit Required to reserve weeks checked non-refundable)**

- |   |  |
|---|--|
| <input type="checkbox"/> Week 1: June 13 - 15 | <input type="checkbox"/> Week 6: July 16 - 20    |
| <input type="checkbox"/> Week 2: June 18 - 22 | <input type="checkbox"/> Week 7: July 23 - 27    |
| <input type="checkbox"/> Week 3: June 25 - 29 | <input type="checkbox"/> Week 8: July 30 - Aug 3 |
| <b>Week 4: July 2 - 6 CLOSED</b>              | <input type="checkbox"/> Week 9: Aug 6 - 10      |
| <input type="checkbox"/> Week 5 : July 9 - 13 | <input type="checkbox"/> Week 10 : Aug 13 - 17   |
|   | <input type="checkbox"/> Week 11: Aug 20 - 24    |

## Activity Fee Includes:

- ✓ 5 Weekly Fieldtrips
- ✓ Projects and Materials
- ✓ Bowling Fees
- ✓ Skate Rentals, Swimming and Movies Fees
- ✓ Fun Learning Experience Trip in June, July, August (Ticket Only)  
(Lunch not provided)

# Totallykiddz

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|            |            |                    |               |
|------------|------------|--------------------|---------------|
| Last Name  | First Name | Middle Name        | Nickname      |
|            |            |                    |               |
| Birthdate: | Age:       | Sex: M F<br>Circle | T-shirt Size: |

## BROTHERS and SISTERS also Enrolled in Totallykiddz:

|            |           |
|------------|-----------|
| First Name | Last Name |
|            |           |
|            |           |

## PARENTS/GUARDIANS:

### MOTHER

|               |                |             |            |
|---------------|----------------|-------------|------------|
| Last Name     | First Name     | Middle Name |            |
|               |                |             |            |
| ADDRESS       | Street Address | City        | Zip Code   |
|               |                |             |            |
| Phone         | Home Phone     | Work Phone  | Cell Phone |
|               |                |             |            |
| Employer      |                |             |            |
|               |                |             |            |
| Email Address |                |             |            |
|               |                |             |            |

### FATHER

|               |                |             |            |
|---------------|----------------|-------------|------------|
| Last Name     | First Name     | Middle Name |            |
|               |                |             |            |
| ADDRESS       | Street Address | City        | Zip Code   |
|               |                |             |            |
| Phone         | Home Phone     | Work Phone  | Cell Phone |
|               |                |             |            |
| Employer      |                |             |            |
|               |                |             |            |
| Email Address |                |             |            |
|               |                |             |            |

For each question below, if more space is needed, please explain on a separate piece of paper and attach it to this application.

Is there a separation, divorce or custody concern of which our staff should be aware? \_\_\_ NO \_\_\_ YES

Is any person prohibited from picking up the child by a court order? \_\_\_ NO \_\_\_ YES

If YES, **attach a copy of the court order.** If we do not have a court order, we cannot limit pick up of a parent.

Prohibited Person's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM COMPLETELY**

**EMERGENCY CONTACT and PICK-UP AUTHORIZATION: *Other than parents/guardians.***

List the person(s) you authorize to pick up your child or that you authorize the staff to contact to pick up your child if neither parent/guardian on Page 1 can be reached due to late pick up, sickness or illness, medical emergency (after 911 is called) or other reasonable communication regarding your child.

| Name | Relationship to Child | Work Phone | Home Phone | Cell Phone |
|------|-----------------------|------------|------------|------------|
|      |                       |            |            |            |
|      |                       |            |            |            |
|      |                       |            |            |            |
|      |                       |            |            |            |

**Child’s Doctor:** \_\_\_\_\_ **Preferred Hospital** \_\_\_\_\_  
*If none, write “NONE” in space above. If none, write “NO PREFERENCE” in space above.*

**MEDICAL CONDITIONS:** *Does your child have any medical conditions that we should know about? Please list:*

- 
- Will your child need medication during the day on a regular basis? \_\_\_\_ NO \_\_\_\_ YES
  - (If YES, provide name of medication.) \_\_\_\_\_
  - The parent/guardian is responsible for submitting an Authorization of Medication for a Student form to the summer program office BEFORE any medication may be administered.
  - All medication must be turned in to the Totallykiddz Director or Coordinator for storage. Students may not carry medication.

**FOOD ALLERGIES:** *Does your child have any food allergies that we should know about? Please list:*

- 
- The parent/guardian is responsible for submitting a Diet Order to the summer program Administrator at enrollment.

**PARENTAL/GUARDIAN AGREEMENT:** *My signature below indicates that. . .*

- I agree that in the event of a medical emergency, 911 will be called to secure medical treatment for my child. I agree that the Totallykiddz Director or Co-Director may authorize emergency personnel to provide care in the event that neither parent/guardian may be contacted immediately. I understand the parent/guardian is responsible for medical expenses associated with the emergency.
- I agree to abide by the guidelines set forth in the Totallykiddz Parent Handbook.
- I understand that my child must follow all guidelines set forth in the Totallykiddz Parent Handbook regarding conduct in the summer program.
- I understand that my child must be signed in and signed out each day of the Totallykiddz and that if my child is not signed in, I will be called to return to either pick up my child or sign my child in.
- I understand that payments are due on Monday BY 5:00 p.m. and a \$20 late fee will be added if not paid by close of business Tuesday. My child **MAY NOT** be dropped off on Wednesday without full payment for the week and \$20 late fee. I understand that all weekly fees must be in **CASH, MONEY ORDER or via CASH APP (\$totallykiddz)**.
- I understand that there is one vacation week allowed (where campers are not attending the summer program and parents do not pay a fee) during the summer program a written notice is required to be emailed to [totallykiddz@gmail.com](mailto:totallykiddz@gmail.com) five business days before vacation week.
- I understand that a late pick up fee of \$5.00 will be charged after 5:01pm and must be paid at time of pick up.
- My signature below indicates that I have received the information listed and agree.
- Waiver, I give my permission for my child(ren) to participate fully in all Totallykiddz Activities including swimming and skating. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against Totallykiddz representatives and successors for any and all claims and liability.

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*