

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

\$135 \_\_ Weekly Per Child    \$265\_\_ (2 CHILDREN) \$355\_\_ (3 CHILDREN)

# Totallykiddz

**STUDENT INFORMATION: PLEASE PRINT**

Last Name	First Name	Middle Name	Nickname
Birthdate:	Age:	Sex:    M    F 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   |

**Activity Fee Includes:**

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

Totallykiddz

**STUDENT INFORMATION: PLEASE PRINT**

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

**BROTHERS and SISTERS also Enrolled in Totallykiddz:**

First Name	Last Name

**PARENTS/GUARDIANS:**

<b>MOTHER</b>			
Last Name	First Name	Middle Name	
ADDRESS	Street Address	City	Zip Code
Phone	Home Phone	Work Phone	Cell Phone
Employer			
Email Address			

<b>FATHER</b>			
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 8:00 a.m. or and a \$20 late fee will be added if not paid by close of business Monday. My child **MAY NOT** be dropped off on Tuesday 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 \$1 charge every minute after 5:02 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*