

# Club Kid 2018-2019 Wings Center Registration & Liability Release

OFFICE USE ONLY	
Immunizations Received	_____
Membership Fee Paid	_____
T-Shirt Paid	_____
Entered in Database	_____
Copy to Trans. Director	_____
Copy to ASC Director	_____

How did you find out about us? Web Search\_\_ Friend/Family Member\_\_ Other \_\_\_\_\_

### WHICH PROGRAM ARE YOU REGISTERING FOR?

- Kindergarten Care
- Before School Care only
- After School Care only
- Before & After School Care
- All Day Childcare w/ Preschool (7am-6pm)
- No School Days
- Track Break \_\_\_\_\_
- Nov. 5-9 M T W TH F      Nov. 12-16 M T W TH F
- March 11-15 M T W TH F      March 18-22 M T W TH F

### PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING: M T W TH F

### WHAT GRADE IS YOUR CHILD GOING INTO?

K 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup> 7<sup>TH</sup> 8<sup>TH</sup>

### AT SCHOOL YOUR CHILD WILL ATTEND

- KINDERGARTEN CLASS:** A.M. \_\_\_\_\_ P.M. \_\_\_\_\_
- I NEED A.M. DROPOFF AT SCHOOL \_\_\_\_\_
- I NEED MIDDAY SCHOOL PICK-UP \_\_\_\_\_
- I NEED MIDDAY SCHOOL DROP OFF \_\_\_\_\_
- I NEED 3:00 AFTER SCHOOL PICKUP \_\_\_\_\_

### CIRCLE DAYS YOU NEED CARE FOR BREAKS:

#### Thanksgiving Mini Camp

November 19-21 M T W

#### Holiday Day Camp

(Boise & West Ada)

December 24-28 M X W TH F

December 31-January 2-4 M X W TH F

#### Spring Break

West Ada: March 25-29 M T W TH F

Boise: March 18-22 M T W TH F

### PLEASE READ

Immunization Required at Registration - Parents provide Food/Snacks/Drinks - Wings T-shirt Required for Field Trips - Class Deposits are applied toward tuition fee and are Non-Refundable; Drop Notice Requirements for Other Refunds

#### Please Initial

A 2-Week written notice must be given to the Business Office to drop from the program

Because your child is given a dedicated spot upon enrollment, we do not pro-rate or give credit for individual days missed or for vacations. Changes to your schedule cannot be guaranteed.

### ANNUAL REGISTRATION FEE

September-November: Individual -\$35 Family - \$55

December-February: Individual -\$25 Family -\$37

March -May: Individual - \$15 Family - \$19

June-August: Individual - \$0 Family - \$0

No fee for School Day Outs, Holiday Camp, Spring Break Camp, or Summer Camp

Today's Date \_\_\_\_\_

Child's Start Date: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Text Opt-in (for alerts only): \_\_\_\_\_ (check for yes)

Employer: \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Text Opt-in (for alerts only): \_\_\_\_\_ (check for yes)

Employer: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

What medications is your child taking? \_\_\_\_\_

Any allergies or medical information we should know about? A SEPARATE FORM MUST BE FILLED OUT WITH A CLUB KID STAFF MEMBER

1st Student Full Name: \_\_\_\_\_ M/F DOB: \_\_/\_\_/\_\_ Age: \_\_ Napper for all day childcare? Y\_\_ N\_\_

School 1<sup>st</sup> Student Attends: \_\_\_\_\_

2nd Student Full Name: \_\_\_\_\_ M/F DOB: \_\_/\_\_/\_\_ Age: \_\_ Napper for all day childcare? Y\_\_ N\_\_

School 2<sup>nd</sup> Student Attends: \_\_\_\_\_

3rd Student Full Name: \_\_\_\_\_ M/F DOB: \_\_/\_\_/\_\_ Age: \_\_ Napper for all day childcare? Y\_\_ N\_\_

School 3<sup>rd</sup> Student Attends: \_\_\_\_\_

### NAMES OF THOSE AUTHORIZED TO PICK UP CHILD(REN) – I.D. REQUIRED

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

## **Liability and Release Form** Please read carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in Wings Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Wings, Inc., and Idaho Corporation, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Wings Center is conducted, or any premises under the control and supervision of Wings, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Wings, Inc., its owners, officers, agents, or employees.

### **Assumption of Risk**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

### **Medical Release**

The undersigned gives permission for the Wings, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned agrees they themselves will be responsible for any financial debt incurred by said action.

### **Marketing Release**

Occasionally the Wings Center uses photos or video of its students in print ads, on its website, or in other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Wings Center purposes only, and will not be given or sold to outside companies or individuals.

### **Transportation Release**

I give permission for my child to be transported either by Wings Center transportation or by other commercial or public transportation for field trips or school.

### **Payment Information**

**No spot is guaranteed until payment has been received. If payment or payment arrangements have not been received by the 10<sup>th</sup> of the month, a \$25.00 late fee will be applied and we will be unable to provide pick up or care for your child.** If, however you need to make different payment arrangements please come to the business office and we'll be happy to work something out. There is a \$20 returned check charge for any checks returned by the bank. ICCP payments are made to us by the state a month behind, your portion is still due by the 10<sup>th</sup> of the current month. We do not credit for individual days missed, because you are already receiving a discounted rate for paying for the entire month rather than the daily rate. I understand that if my check is returned by the bank, or I am late with payments, that Wings Center will require automatic credit or debit card payments from that point forward.

NO DROP-IN SERVICE AVAILABLE. NO CHILD WILL BE ACCEPTED WITHOUT PRIOR REGISTRATION AND AUTHORIZATION. REGISTRATION WILL ONLY BE ACCEPTED AT THE FRONT OFFICE AND IS BASED ON AVAILABILITY. IF YOU BRING YOUR CHILD ON A DAY THAT YOU ARE NOT PRE-REGISTERED FOR, THEY CANNOT BE ACCEPTED. **No refunds will be given. A letter of credit will be issued for any credit amount on your account.**

**\*A two-week written notice to the Wings Center Business Office is required to discontinue a program, otherwise I will be charged for any unattended classes.**

By signing below I am acknowledging that I have read and understand the above information.

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

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Credit or Debit Card Charge Authorization Agreement (Monthly Auto-Pay)**

I hereby authorize Wings, Inc., dba Wings Center, to charge my credit or debit card for all services and products related to my family's enrollment in classes and activities at the Wings Center, including but not limited to tuition, memberships, special events, accessories, etc. (Note: Fees are subject to change). I understand that my credit or debit card will continue to be charged on a monthly, session or periodic basis unless I notify the front office at the Wings Center. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Wings Center of any intent to discontinue. I agree to notify Wings, Inc. immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft or the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Credit or Debit Card Type: VISA MC DISCOVER AMEX Auto Pay on the 1st? \_\_\_\_\_ Auto Pay on the 15th? \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. \_\_\_/\_\_\_\_ Zip code that matches with the credit card \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

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