

# Out of School - Kids Club!



**May 4 - 29, 2020**

**12:30 PM – 6:30 PM**

**School age kids: 5 - 12 years**

**Members: \$110 per week or choose your days \$25 per day**

**Guests: \$120 per week or choose your days \$27 per day**

**Arts and Crafts - Gym games - Nintendo Switch - Swimming  
Pig-Skin it to Win it games – Bingo – Tennis - Fitness Challenges and more!**

## IMPORTANT NOTES ABOUT THE AFTER SCHOOL CLUB

Please eat lunch prior to attending our after school club. An afternoon snack is included.

Pack a swim suit, water-bottle, sunscreen and a child-friendly lock.

All kids and staff will have their temperature taken upon entry.

Anyone with a temperature of 100.4 or greater will not be permitted to attend.

For the safety of the kids and staff, curbside drop off and pick up is required.

Kids will be grouped in teams of 10. Kids will be directed to their 1<sup>st</sup> team block upon drop off.

**FAC FAYETTEVILLE ATHLETIC CLUB**

2920 East Zion Road - Fayetteville, AR 72703

Phone: (479) 587-0500 X 7 Email: [KIDS@fayac.com](mailto:KIDS@fayac.com)



# Out of School Club - May 2020 - Registration Form



CHILD'S NAME:	Date of birth:	Age:	Grade:
Street Address	City:	State:	Zip:

Mother/ Legal Guardian Name:

Father/ Legal Guardian Name:

MOTHER'S INFORMATION	Email:	Cell phone:	Work phone:
----------------------	--------	-------------	-------------

FATHER'S INFORMATION	Email:	Cell phone:	Work phone:
----------------------	--------	-------------	-------------

EMERGENCY CONTACT NAME:	Relationship:	Email	Cell phone:
-------------------------	---------------	-------	-------------

Name of person(s) permitted to pick up your child:	Relation to your child:	Cell phone:
--	-------------------------	-------------

Name of person(s) permitted to pick up your child:	Relation to your child:	Cell phone:
--	-------------------------	-------------

✓ PLEASE CHECK ALL THAT APPLY ✓			MEMBER RATES PER DAY/ PER CHILD	GUEST RATE PER DAY/ PER CHILD
<input type="checkbox"/> Monday, May 11, 2020	<input type="checkbox"/> Monday, May 18, 2020	<input type="checkbox"/> Closed Memorial Day	CHOOSE YOUR DAYS: \$25 PER DAY, PER CHILD	CHOOSE YOUR DAYS: \$27 PER DAY, PER CHILD
<input type="checkbox"/> Tuesday, May 12, 2020	<input type="checkbox"/> Tuesday, May 19, 2020	<input type="checkbox"/> Tuesday, May 26, 2020	PAY BY THE WEEK: \$110 PER WEEK, PER CHILD	PAY BY THE WEEK: \$120 PER WEEK, PER CHILD
<input type="checkbox"/> Wednesday, May 13, 2020	<input type="checkbox"/> Wednesday, May 20, 2020	<input type="checkbox"/> Wednesday, May 27, 2020	MEMORIAL WEEK: \$88 PER WEEK, PER CHILD	MEMORIAL WEEK: \$96 PER WEEK, PER CHILD
<input type="checkbox"/> Thursday, May 14, 2020	<input type="checkbox"/> Thursday, May 21, 2020	<input type="checkbox"/> Thursday, May 28, 2020	Please add friend requests here:	
<input type="checkbox"/> Friday, May 15, 2020	<input type="checkbox"/> Friday, May 22, 2020	<input type="checkbox"/> Friday, May 29, 2020		

Notes for our staff regarding your child:

METHOD OF PAYMENT:		
Credit card type: (circle one)	Credit card #	Name as it appears on the card
VISA MC AMEX DISCOVER	Expiration date:	3/ 4 digit code:

In order to participate in our FAC After School Club program , I understand that all cancellation notices must be submitting in writing and turned into the Kids FACTory front desk team. On the cancellation, please, list the child's name, age, program that he/she is attending and the reason for the cancellation. Space is very limited in our After School Club. Your first day of the club must be paid in full. A \$5.00 deposit can be placed on each additional day that you would like to reserve. The balance for the upcoming week will be billed each Friday prior to the start of the new week. Club reservations may be cancelled up to 7 days prior to the start of the club. Refunds within 7 days of the club will require a note from your child's doctor.

I agree to assume full risk and release all claims I and / or the participants may have against the Fayetteville Athletic Club (FAC), The Kids Club Fit Fun FACTORY including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the parents, guardians or emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Date:
----------------------------------	-------

Parent/Guardian Printed Name: