



SCHOOL DAY OUT / HOLIDAY CAMP REGISTRATION FORM

STUDENT'S NAME (and nickname if applicable):		Circle one: Male Female	Student age:	Birthdate:	GRADE: (circle one) PRESCHOOL KINDERGARTEN, 1ST 2ND 3RD 4TH 5TH 6TH 7TH
Child's Street Address		City:		State:	Zip:
Primary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:	
Secondary Caregiver Name:	Email:	Relationship	Work phone:	Cell phone:	
Emergency Contact Name:	Email:	Relationship	Work phone:	Cell phone:	

Medical Emergency Information - please check all that apply and write any special instructions needed for our staff to properly care for your child.	<input type="checkbox"/> Rescue Inhaler	<input type="checkbox"/> Diabetic insulin
	<input type="checkbox"/> Epi-Pen/Epinephrine	<input type="checkbox"/> Antihistamine

Special instructions:

✓	AGE GROUP	PROGRAM NAME	DATE:	TIME:	✓	MEMBER RATE PER DAY	✓	GUEST RATE PER DAY
	AGES 1-3 YRS	HOLIDAY CAMP	Monday, November 23, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Tuesday, November 24, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Wednesday, November 25, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Monday, December 21, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Tuesday, December 22, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Monday, December 28, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Tuesday, December 29, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	HOLIDAY CAMP	Wednesday, December 30, 2020	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 5-12 YRS	SCHOOL DAY OUT CAMP	Monday, January 04, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 5-12 YRS	SCHOOL DAY OUT CAMP	Tuesday, January 05, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 1-3 YRS	SPRING BREAK CAMP	Monday, March 22, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	SPRING BREAK CAMP	Tuesday, March 23, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	SPRING BREAK CAMP	Wednesday, March 24, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	SPRING BREAK CAMP	Thursday, March 25, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 1-3 YRS	SPRING BREAK CAMP	Friday, March 26, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95
	AGES 3-5 YRS							
	AGES 5-12 YRS							
	AGES 5-12 YRS	SCHOOL DAY OUT CAMP	Friday, April 16, 2021	7:30 AM- 6:00 PM		\$29.95		\$39.95

METHOD OF PAYMENT:

Name on credit card	Card #	Expiration date:	Card CVV:
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Initial All holiday camps payments are due at the time of enrollment, unless your child is currently enrolled in our Jumpstart Preschool or After School Program. All children that are currently enrolled in our preschool or afterschool program will be billed the Friday before the week of camp.

If your child is virtual learning from FAC, please ensure that they are dropped off no later than 8:15 AM

We are peanut free facility. Please bring a nutritious peanut-free lunch, a refillable water bottle and child friendly lock. Label all of your child's belongings. Please ensure that your child is dressed appropriately for any weather conditions and for physical activity (Tennis Shoes, comfortable clothes). Children that are virtual learning while at FAC will be required to bring a chromebook or similar laptop to participate in the Fayetteville Schools virtual learning. We are not responsible for lost or stolen items.

In the event that my child is injured and the parent/guardian and emergency contact can not be reached, and my child needs to be transported to an emergency room, our preferred hospital choice is:

Hospital Name	Hospital Phone Number:
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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 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 parent/guardian and emergency contact listed above can not be reached.

Signature of Parent or Guardian:	Date:
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