



Kids and Fitness: Essex  
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**After School Program Application for Enrollment 2019-2020**

Child's Name: \_\_\_\_\_ Male/Female Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 UE Member Y/N Member # \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 School Child Will Attend: \_\_\_\_\_ Grade Child is Entering: \_\_\_\_\_

Requested days (please circle):                    M    T    W    TH    F

Parent/Guardian: _____	Parent/Guardian: _____
Address: _____	Address: _____
Phone (H): _____ (C) _____	Phone (H) _____ (C) _____
Place of Employment: _____	Place of Employment: _____
Phone (W): _____	Phone (W): _____
Email Address: _____	Email Address: _____

In case of emergency, please fill in the following information for relatives or friends who can be called if we are unable to reach a parent or guardian. Please be sure that each person knows you have given us his or her name. 2 ARE REQUIRED BY THE STATE OF VERMONT!

Name: _____	Name: _____
Address: _____	Address: _____
Phone (H): _____ (C) _____	Phone (H) _____ (C) _____
Place of Employment: _____	Place of Employment: _____
Phone (W): _____	Phone (W) _____
Email Address: _____	Email Address: _____
Name of Physician: _____	Name of Dentist: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

I hereby give Kids & Fitness/ The EDGE permission to transport my child to the appropriate location in case of medical emergency. \_\_\_\_\_ (Full Signature).

I hereby allow Kids & Fitness/ The EDGE to administer nonprescription medication supplied by the parent/guardian as needed. \_\_\_\_\_ (Full Signature).



Does your child have any of the following? Circle YES or NO for each.

**\*If inaccurate information is provided, your child's enrollment may be terminated\***

- |  |  |
|--|--|
| Allergies: YES or NO                   | Skeletal Injury/Condition: YES or NO       |
| Asthma: YES or NO                      | Is Child on an IEP: YES or NO              |
| Cardiovascular Disease: YES or NO      | Does Child have an aide: YES or NO         |
| Past Surgery: YES or NO                | Has an aide ever been suggested: YES or NO |
| Diabetes: YES or NO                    | Special Dietary Requirements: YES or No    |
| Currently taking Medication: YES or NO | Special Needs: YES or NO                   |
| High Blood Pressure: YES or NO         | Other: _____                               |
| Muscular Injury/Condition: YES or NO   |  |
- If you answered yes to any of the above, Please explain: \_\_\_\_\_

Has your child been in a previous program?  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Where: \_\_\_\_\_  
 Reason for leaving previous program: \_\_\_\_\_  
 How did you hear about us: \_\_\_\_\_

**Kids and Fitness/ The EDGE Waiver of Liability**

I hereby release Kids & Fitness/ The EDGE, together with its operators, agents, employees, consultants and instructors from any and all claims from injury or damage that may be sustained by my child for use of the premises or equipment or from participating in the physical exercise from which I have subscribed for my child.  
 \_\_\_\_\_ (Signature)

I represent hereby that my child is in a good health and capable of participating in such a program, that he/she will not do anything that will injure themselves or others while engaging in such programs and will hold Kids & Fitness/ The EDGE harmless in connection with his/her participation. \_\_\_\_\_  
 (Signature)

I have read, understand and agree to abide by the philosophy and policies of Kids & Fitness/ The EDGE and hereby agree to abide by such rules upon acceptance of my child's application for the enrollment.  
 \_\_\_\_\_ (Signature)

I understand that if my child needs adult assistance/aide during his/her school day then he/she may not attend ASP without the same assistance. This assistance must be provided by the parent or school system. Kids & Fitness/ The EDGE is not responsible for hiring or providing compensation for additional staff needed for an individual child. For questions or specific situations, please talk directly to the director.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give permission for your child to participate in the following activities by signing your initials.  
 I hereby allow my child to participate in swimming activities offered by Kids & Fitness/ The EDGE. \_\_\_\_\_  
 I hereby allow my child to participate in field trips organized by Kids & Fitness/ The EDGE. This includes transportation that is provided by chaperones (parents in the program) not employed by Kids & Fitness/ The EDGE and on our registered 12 passenger bus and 9 passenger van. \_\_\_\_\_  
 I hereby allow Kids & Fitness/ The EDGE to photograph/videotape my child for the purpose of documentation and publication. \_\_\_\_\_



**Pick up Authorization Form 2019-2020**

I authorize the following people to pick up my child at Kids & Fitness. If there are any changes in this agreement, I will notify you in advance.

If someone is not on this list and is coming to pick up your child, please notify us in writing or by phone with their full name and expected time to pick up. Please remind them to bring their ID.

Upon pick up, the person must have proper identification. Our teachers will record their information in your child's file. Children will not be released without prior parent/guardian permission and proper identification.

Child's Name: \_\_\_\_\_

**Authorized Individuals for Pick Up**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (other): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (other): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Immunization Records Kids & Fitness ASP**

ALL Families

**MUST** attach a copy of your child's immunization records or have faxed prior to the first day of ASP.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may have your child's immunization records faxed to us.

Fax number: 857-0192 Attn: Jamie Brooks



### After School Program (ASP) (Ages 5-12)

Our goal is to offer a variety of sport-oriented activities that teach new skills and allow children to have FUN in our after-school program between the hours of 1:45pm-5:30 pm. We provide a non-competitive, encouraging atmosphere that will introduce children to sports and games. All activities are geared to motivate and build self-esteem, within a child-friendly environment.

Our program offers a balance of consistency, so that the children know what to expect each day and variety to keep the children interested and excited. Our approach is flexible, with the instructors able to vary the daily program in response to your child's interest.

#### What do we offer during the after-school program?

- ✓ time to be active (scheduled sports, park day, swimming, etc.)
- ✓ time to unwind (board games, homework, books, crafts, free play etc.)

**Application:** Parents may choose from 2, 3, 4, or 5-day programs. The tuition covers the afternoon session and regardless of adjustments in arrival and departure times. We cannot commit to substitutions of days without additional payment.

**Snacks:** Parents will need to provide a healthy and nutritious snack for their children. We are a PEANUT & TREE NUT FREE center!

**Arrival/Departure:** Please call in advance or email if your child is not attending on a scheduled day. Parents or a designated adult must pick up a child.

#### Kids & Fitness will provide transportation from eight elementary schools.

Colchester: Union Memorial School and Mallet's Bay Middle School.

Essex Junction: Thomas Fleming, Hiawatha and Summit Street Elementary.

Essex Town: Essex Elementary, Founders Memorial, Essex Middle School

There is a sign in and out sheet with the instructors at all times. They will check in your child as he/she arrives at the Edge and we ask that you sign your child out when you pick up at the end of the day.

We follow the Colchester and Essex School calendars for the after school program. Our program provides camp for early dismissal days, full days off (in-service days) and full weeks of vacation. Essex School District is now having an early release once a week. We will still provide after school care and early pick up on those days.

Sign-ups for Camp is separate and an additional tuition cost.