

Ralphie's Learning Center Registration Form

This packet will provide you with all the information you will need to register your child. It is very important that you read it thoroughly. If you have any additional questions or feel there is any information we should know about your child before camp starts, please feel free to call or email us.

We look forward to seeing you and your child soon!

*Robin McMurtrey
Ralphie's Fun Center
Learning Center Coordinator
Office: (270) 629-4263
Cell: (270) 670-4431*

Below you will find the list of forms contained in this packet, a registration checklist, and information on how to register:

FORMS ATTACHED: *(Please complete one of each form for each student)*

1. Registration Form
2. Payment, Refund, and Photo Consent Form
3. General and Insurance Waiver

REGISTRATION CHECK LIST:

Note: Registration Packet requires signatures in multiple places

- Registration Form completed for each child
- Method of Payment- (Registration must be paid in order to register)
- Signed "Payment, Refund, and Photo Consent Form" for each student
- Signed "General and Insurance Waiver" for each student
- Initialed "Policies and Rules Confirmation Form" for each student
- Signed "Photo Consent Form"

Registration Fee:

\$150/week or \$35 Day – Breakfast and Lunch provided

The Learning Center is for students entering grades Kindergarten – 8th Grade.

You must provide your own electronic learning device.

Learning Center Hours - 8:00am- 4:00pm
(Students may be dropped off at 7:30 a.m.)

Emergency Contact Information

Name and Relation: _____

Phone Number(s): _____

I. Student Information

Name (Last) _____ (First) _____ (MI) _____

School Currently Enrolled _____ ENTERING Grade Level _____

Address: _____

City: _____ State _____ Zip _____ Age _____ DOB _____

Male/Female _____ Parent's Email _____

II. Family Information

Parent/Guardian 1 (First/Last/MI) _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

Parent/Guardian 2 (First/Last/MI) _____

Home Address _____ Employer _____

Cell Phone _____ Work Phone _____ Other Phone _____

III. STUDENT PICK UP AUTHORIZATION

Parent/ Guardian Signature _____

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

4. Name _____ Relationship _____ Phone _____

All custodial paperwork must be filed with Ralphie's Fun Center

IV. Health Information

Child's Physician _____ Phone _____

List any or all medications that your child will bring with him/her to the learning center.

| <i>Medication</i> | <i>Medical Condition</i> |
|-------------------|--------------------------|
| _____ | _____ |
| _____ | _____ |

***We cannot dispense medicine to students. If your child requires medication, someone must bring the medicine and administer it to the child when necessary. ***

Please list all known allergies:

List any dietary restrictions:

V. Other Information

Please advise us of any information about your child that you feel is necessary for us to be aware of:

EMERGENCY TREATMENT INFORMATION! PLEASE READ AND SIGN BELOW

Informed Consent for Emergency Treatment: In the case of an emergency and if I cannot be reached, I authorize the staff of Ralphie's Fun Center to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

Print Name of Parent/ Guardian _____

Signature of Parent/ Guardian _____ Date _____

REGISTRATION FORMS MUST BE RETURNED TO RALPHIE'S FUN CENTER or emailed to jkuykendall@ralphiesfuncenter.com.

Ralphie's Learning Center Tuition (Per Student)

Please select option below:

WEEKLY TUTION - First week is required to be paid in advance, all subsequent weeks will be due each Friday for the following week.

_____ \$150/week - Breakfast and Lunch provided

PER DAY TUITION - Each day payment is required at time of service

_____ \$35/day - Breakfast and Lunch provided

I. Registration Fee and Weekly Tuition (Non-Refundable)

Check # _____ made payable to **"Ralphie's Fun Center"**

Cash

Charge: _____ VISA _____ MASTERCARD _____ DISCOVER

CARD # _____ - _____ - _____ - _____ V-code _____

EXP _____ / _____ Zip-Code _____ **Total amount to be charged \$** _____

I agree to pay the above amount with the credit card listed above.

CARDHOLDER'S NAME _____

CARDHOLDER'S SIGNATURE _____ DATE _____

IMPORTANT INFORMATION! PLEASE READ AND SIGN BELOW

REFUNDS: Refunds will be extended for circumstances related to illness, injury, or COVID related requirements. All other refunds will be evaluated on a case by case basis.

DISMISSAL FROM THE LEARNING CENTER: On occasion, dismissal may be necessary for disciplinary reasons. This action will take effect only after consultation among the parents, student (if appropriate), teachers, and Learning Center Director. If a student is dismissed for disciplinary reasons, there will be **NO REFUND** for the unused days.

I acknowledge that I have read Ralphie’s Learning Center Policies and that I accept its conditions, hereby relieving Ralphie’s Fun Center and its employees of all legal claims.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

GENERAL WAIVER

I, the undersigned, the parent/guardian of the child named below; do hereby consent to this child’s participation in the Ralphie’s Learning Center Program. I acknowledge that participation in this program my child might do things that involve light to vigorous activity and includes the possibility of injury. I am aware that there are inherent risks associated with participation in Ralphie’s Learning Center Program and/or use of the play area and play equipment, and I, on behalf on myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants. I grant program officials the authority to obtain emergency medical treatment as necessary to ensure that the child named below is safe from further injury. I am aware of no physical or other reasons why this child should not participate in programs and related exercise functions. I will impress upon the child the importance of following learning center rules, regulations, and instructors’ direction. In consideration of the learning center allowing this child to participate in activities, I hereby release and hold harmless, Ralphie’s Fun Center and their affiliates, officers, members, agents, employees, other participates, and sponsoring agencies from and against all claims, injuries, liabilities, or damages arising out of or related to our participation in any and all activities and/or use of the play area and all play equipment.

INSURANCE WAIVER

Company _____ Policy Number _____

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THIS WAIVER PRIOR TO SIGNING BELOW.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Child’s Name: _____

IMPORTANT LEARNING CENTER **POLICIES AND RULES**

STUDENT NAME: _____

PLEASE INITIAL EACH NUMBER BELOW

1. _____ LATE PICK-UP

Parents that pick up their child(ren) after **4:05 p.m.** will be charged **\$1.00 per minute. NO EXCEPTIONS!**

2. _____ BREAKFAST / LUNCH

If your child has a dietary need, please let a Ralphie's staff member know. **ALL STUDENTS** will get a snack in the afternoon and will have access to water throughout the day. Please send a water bottle if possible.

3. _____ STUDENT DROP- OFF AND PICK-UP

All students must be signed-in and signed-out each day through the designated staff member. No child can leave until they are signed- out. Anyone who has been authorized to pick-up a student must present a photo ID upon picking up a child.

Media Release Information

You are certifying that you are the parent or legal guardian of the child listed and that as such you have the authority to approve or deny the use of your child's photograph and information about your child's identity.

As parent or legal guardian, you are authorizing Ralphie's Fun Center to use photographic or videotape images of your child for lawful purposes including those outlined below. The permission remains in effect while your child is attending Ralphie's Learning Center.

Also, by signing this form, you are giving permission for the use of your child's image in various Ralphie's publications, television production, on the internet sites of Ralphie's Fun Center, and other publicity purposes.

ONLY MARK OPT IN OR OPT OUT

OPT IN STATEMENT

I wish to opt in for the media release policy and permit the use of my child's image for use in ways checked below (check all that apply):

- Social Media Post/Advertisement
- Promotions in Video or Print Media
- Video Productions for Media Outlets

OPT OUT STATEMENT

I wish to opt out of the media release policy and I do not permit the use of my child's images.

Child's Name: _____

Parent/Guardian (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____