



After School Care 2024 - 2025 Information

Please complete ALL the forms in this packet (one packet for each child) and return to KidFit from 8am to 6pm Monday to Friday (except during field trips on Wednesdays) with \$50 check for Registration Fee. Copies of these forms are available at KidFit. The Parent Handbook is available to view & print at: <https://the-energy-club.com/kidfit>

After School Tuition is as follows:

Registration Fee: \$50 per child due at registration

Weekly Tuition: \$80 a week (\$70 for siblings) will be drafted the Friday before each week of after-school care.

TRANSPORT TO KIDFIT

The Long Beach School District currently provides transport to all after school care sites except KidFit.

The following options are available:

- 1) You may provide your own transport.
- 2) You may contact your child's school to request they provide transport for your child, as they do for other children and after school programs.
- 3) Register with GC Shuttle for \$25 per month, drafted 1st week of each school month.
(We understand this is an added cost that the LBSD should provide.)

TOTAL DUE AT REGISTRATION: \$50 per child.

We're looking forward to providing your child/ren with an enriching and enjoyable after school program in a healthy, safe environment to help them create lasting memories and the opportunity to make lifelong friends!

For questions, please email KidFit@the-energy-club.com or call 228-868-1498.



Application Enrollment

Parents, "to protect and promote the health and safety" of your child, please supply a **COMPLETE** response to every item on this form. This information is required by the Mississippi State Dept. of Health, and our Child Care Licensure Inspector.

Child's Full Name: (First) _____ (Last) _____

School Attending _____ DOB _____ Age _____

Home Address: _____

Parent's Name: (Mother) _____ (Father) _____

(M) Cell _____ (F) Cell _____

(M) Work _____ (F) Work _____

Place of Employment: (M) _____ (F) _____

Who may drop off and pick up your child:

Name: _____ # _____ Relationship: _____

Name: _____ # _____ Relationship: _____

Name: _____ # _____ Relationship: _____

Please list any medications your child takes or any special needs they may have:

I have been given a Parent Handbook: (Yes) _____ (No) _____

My child may be photographed/videotaped at the facility: (Yes) _____ (No) _____

My child's Photo may be posted to our Kid Fit Facebook page: (Yes) _____ (No) _____

Our staff may give my Child emergency medical treatment if needed: (Yes) _____ (No) _____

Does your child know how to swim? No: ____ Beginner: ____ Average: ____ Advanced: ____

As parent/guardian, I acknowledge and understand that KidFit is a fitness-based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand KidFit does not have liability insurance and that you as a parent are responsible for your child's insurance coverage.

Please provide director with any legal matters that may exist concerning custody issues with the child you are enrolling today. We will only release your child to the people listed above, any changes to this registration form must be made by the parent/guardian registering the child.

Parent's Signature: _____ Date: _____

Director Use Only: Enrollment Date: _____ Start: _____ Registration Fee: _____

Weekly Tuition: _____ Amount Paid Today: \$ _____ Cash ____ Check ____ C/Card ____



Billing Information

Child's Name: _____

Parent's Name: _____ Phone # _____

Please enroll my child with the same terms and conditions stated in the KidFit Child Care Handbook. My child's tuition will be drafted each week from the account information provided below. If at any time my account information changes, I will provide the Director with change as soon as possible. Tuition payments will be drafted on **Friday prior to the week** your child attends. If Friday falls on a federal holiday or banks are closed, we will process drafts on the following workday.

**Please provide draft account information below and
attach a copy of a voided check or bank card.
(REQUIRED)**

Checking / Savings Account Information

Please check one of the following: Checking _____ Savings _____

Bank routing # _____ Bank account # _____

Bank Name: _____

Account Holder's Signature: _____ Date: _____

Please Print Name: _____ Date: _____

There will be a \$30.00 NSF fee on tuition payments that have been returned or declined.

You will need to pay tuition and late fees by cash no later than the Wednesday of that week your draft returned. We have the right to remove your child from the program if payment is not received.

Office Use Only:

Director's Signature: _____ Date: _____

Paid Today: _____ Cash ___ Check ___ CC ___ 1st Draft Date: _____

Draft Amount: _____ Start Date: _____ Siblings _____

KIDFIT @ THE ENERGY CLUB MEMBERSHIP AGREEMENT

The Energy Club
the ultimate in fitness
P.O. Box 316 • Long Beach, MS 39560

MEMBER INFORMATION

Parent Name _____
 Childs Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone (Home): _____ School attending _____ DOB: _
 Emergency Contact Name: _____ Phone: _____
 Emergency Contact Name: _____ Phone: _____
 Emergency Contact Name: _____ Phone: _____

MEMBERSHIP INFORMATION
 TYPE: _____ STATUS: _____
 STANDARD INDIVIDUAL
 FULL ACCESS COUPLE
 CORPORATE FAMILY
 x KID FIT SENIOR
 OTHER OTHER

Parent's information:

Name: (Mother)

Cell#

(Father)

Cell#

MEMBERSHIP FEES:

Disclosure:	
1. Initiation Fee	\$ 1.00
2. Adjustments	\$ _____
3. Current Mnt. Dues	\$ 1.00
4. Other Fees	\$ _____
5. Card Fee	\$ _____
6. Total Due	\$ _____
(3+4+5+6+7)	\$ _____
7. Amount Paid	\$ _____
8. Amt. Due (Deferred)	\$ 2.00
Balance Due on Membership Plan: consecutive monthly payments of \$ 1.00 Total Due \$2.00 _____ 1st Installment Due _____20 _____	
<u>The Energy Club Membership is paid in your weekly after school Fees.</u>	

TERMS OF MEMBERSHIP

- This agreement represents the complete understanding between the Member and the Club. No representations, written or oral, other than those contained within this agreement are authorized by or binding upon the Club.
- The terms of this agreement are monthly. Monthly dues for the terms of this agreement shall be \$ 1 per week (included in your weekly KIDFIT Fees). Upon expiration of the terms of this agreement, the Club may adjust the dues.
- Dues entitle the Member to use the Club facilities within the scope of the type of membership selected. The Member is obligated to pay dues regardless of whether or not the Member actually uses the Club facilities.
- Initiation fees are not refundable. Memberships are nonproprietary, non-voting, and nontransferable.
- Member understands that he/she is agreeing to the stipulations set forth in this agreement. Membership may be canceled at Manager's discretion reasons of either. (1) Relocation a distance of 10 miles or more from The Energy Club facilities, (2) For medical reasons with a written request to discontinue exercising from a (2) medical physician.
- Members may bring guests only in accordance with the Club's rules and regulations. Members shall be responsible for the conduct of their guests and the payment of all charges incurred by those guests.
- The Member may terminate his or her membership after the expiration of the terms set forth above by notifying the Club in writing sixty days prior to the termination date and paying all amounts then owed to the Club in full. Notice of termination may be given in writing by registered mail or by completing forms in the Club's business offices.
- Unless the Member terminates his or her membership as set forth in the preceding paragraph, the membership will be automatically renewed on a month-to-month basis at the expiration of the term set forth above. The Member will be obligated to pay monthly dues, regardless of whether he or she uses the Club facilities until sixty days after the Club has received written notice of termination.
- Management of the Club may suspend or cancel the rights, privileges, or membership of any member whose actions are detrimental to the enjoyment of the Club facilities by other members.
- Club management may, from time to time, change the rules and regulations governing the operations of the Club. Notice of these changes will be made available to members through normal means of communication.
- The Member will be liable for payment of all costs incurred by the Club in the collection of past dues obligations to the Club, including court costs and reasonable attorney's fees.
- The Member/Parent acknowledges on behalf of their child accepts the risks inherent in the use of Club services and facilities. By use of the Club facilities and services, the Member/Parent hereby voluntarily assumes the risk of injury, accident, death, loss, cost, or damage to his or her person or property which might arise from the use of the Club services or facilities. The Members, his or her heirs, executors, representatives, or assigns, hereby releases the Club from all claims or liabilities for personal injury or property damage of any kind sustained by the Member/Child while on the premises of the Club except for injuries or damage directly caused by the willful misconduct of the officers, employees, or agents of the Club. Member further certifies that he or she is in good physical health and able to undertake and engage in the physical exercise or sports activities in which he or she chooses to participate.**
- The purpose of this agreement is to ensure that the Member understands the duties and responsibilities of the Club membership. This is a legally binding agreement and if it is not understood by the Member, he or she should consult an attorney of his or her choice.
 I (We) hereby apply for membership at **THE ENERGY CLUB**.
 I (We) certify that I (We) have read and understand the terms of this agreement as well as the membership bylaws, the member handbook, and club rules and regulations, and agree to abide by such rules and regulations.

If within 5 business days you decide you do not wish to remain a member, a certified mail notice to cancel must be received by The Energy Club by the 5th business day.

Parent Signature: _____ Dated this _____ day of _____, 2. _____ Membership Coordinator: _____
 FOR OFFICE USE ONLY

	Club Representative	Renewal Date:	
			Member Number



GC Fitness Inc dba KidFit Child Care Liability Waiver and Medical Consent

Each & All participants must have this waiver entirely completed and signed.

Child's Name: _____

Parent's Name: _____ Address: _____

Email _____

Contact #: _____ # _____

I/We hereby agree that I/We and the registrant will abide by the rules of Kid Fit and its affiliates and sponsors. I/We hereby give approval for the participation of my child/children in any and all Kid Fit activities. Recognizing the possibility of physical injury associated with recreational, competitive, and/all forms/type of exercising and in consideration for KidFit, accepting the registrant for its KidFit activities, programs, field trips, exercise programs, I/We hereby assume all risk and hazards incident to such participation, and I/We hereby release, discharge, absolve, indemnify, and agree to hold harmless KidFit, GC Fitness Inc., DBA KidFit, DBA The Energy Club, and its affiliated organizations and sponsors, their employees and associated personnel, the owners, supervisors, directors, participants, persons of parents transporting registrant to or from such activities, including the owners of the facilities utilized for the activities, including transportation to and from said activities, which transportation I/ We hereby authorize. Furthermore, I/We know of no impairment of deficiency in physical health of otherwise that would limit or prohibit: **(child's name)** _____ from participating in Kid Fit activities, exercise programs and/ or game competitions. I/We agree to advise and make known to the instructor and/or program director any change in the physical health or any other condition that would limit or prohibit the above-named person/camper from participating in Kid Fit activities, exercise programs and/or game competitions or other Kid Fit sponsored activities.

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above-named person or persons, I/We hereby give my consent for emergency medical treatment prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Date _____



HOMWORK AGREEMENT

Please print: Parent's Name: _____

Child's Name: _____

Among the many activities available to children in the KidFit Program, homework help/study time is typically provided from 3:30-4:00 pm, Monday-Thursday, where 1-2 staff will be available to provide children a quiet space away from the rest of the group to complete homework assignments. Rather than assigning your child to this time, we request that parents inform us if this is a priority for their child on this form. Discussion between the parent and child is encouraged so that there is an understanding of parents' expectations. KidFit staff do not have communication with your child's teacher and cannot know the assignments of every child. KidFit staff do not check folders or assignment books when a child says they have no homework. KidFit staff do their best to assist children with the completion of assignments, however, constant one-on-one help is not available, and it remains the responsibility of the child to take advantage of the time and support that is offered.

Please indicate your preference after discussion with your child:

Yes, I would like my child to participate in the designated time to do homework.

No, I prefer to have my child do their homework at home.

My child is in kindergarten and therefore has no homework.

Parent Signature: _____ Date: _____



THE FOLLOWING FORMS ARE FROM THE PARENTS' HANDBOOK - Section 7

Insurance Policy

As parent/guardian, I acknowledge and understand that Kid Fit is a fitness-based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand Kid Fit does not have medical liability insurance and that you as the parent are responsible for your child's insurance coverage. Please put a check in each circle below that pertains to you.

- I have completed my child's enrollment application and signed it.
- I have completed the childcare billing form.
- I have read and signed The Energy Club Membership Agreement.

As the parent of _____, I hereby state that I have read and understand the rules, policies, and procedures written in the handbook.

Parent's Signature: _____ Date: _____

Kid Fit Behavior Policy Acknowledgement

Parent's Name: _____ Child's Name: _____

All the children in the Kid Fit Program are entitled to a safe, supervised, and supportive environment while in our care. The Kid Fit Staff will use positive reinforcement, consistency in following routines, and enforcing reasonable limitations as tools to avoid unwanted behaviors. Our goal as a staff team is always to help children develop and maintain self-control in the group activities & settings with which they are presented. Staff members shall not: a) discipline children for failing to eat or for soiling themselves, b) use hitting, shaking, or any form of corporal punishment, c) use abusive language, ridicule, harsh, humiliating, or frightening treatment or other forms of emotional punishment, d) engage in or inflict any form of abuse and/or neglect, e) withhold food, emotional responses, stimulation, or the opportunities for rest or sleep, or f) require a child to remain silent/inactive for an inappropriately long period of time for the child's age. When a child does exhibit unwanted behavior, the child will be warned and explained why such behavior is unacceptable. Should the behavior persist, the child may be separated from his/her peers for a time appropriate to the child's age, to cool down and have a more in-depth discussion with a staff member. The child so removed will either be under the supervision of another staff member or continuously visible to a staff member. If the behavior continues, a discipline report will be filled out, then reviewed with and signed by a parent upon pick-up. Serious behavior infractions may warrant an immediate report and even a phone call requesting pick-up. Ongoing inappropriate behavior, uncontrollable tantrums/angry outburst, chronic disrespect of other campers and/or staff, consistently not obeying camp rules, or any ongoing verbal or physical abuse of other students/staff will result in suspension from the program until a conference can be arranged with the Director to discuss an action plan. Immediate expulsion from the program would be necessary if: a) a child is deemed by program staff to be at risk of causing injury to him/herself, other children, or staff members b) if a parent exhibits verbal abuse to staff, especially in front of enrolled children, or c) if a parent threatens physical violence or shows intimidating actions toward staff members. Additional parental actions for temporary suspension or permanent expulsion could result from failure to complete required forms, falsifying information on required forms, failure to pay, habitual lateness in payments, and habitual tardiness when picking up child/children). There will be no credits/refunds for suspensions or expulsions.

Parent Signature: _____ Date: _____



REGISTRATION CHECKLIST

Please check off each that pertains to you:

I HAVE COMPLETED THE FOLLOWING REQUIRED FORMS:

- Application Enrollment
- Billing Information
- KidFit @ The Energy Club Membership Agreement
- Liability Waiver and Medical Consent
- Homework Agreement
- Section 7 of Parent's Handbook (Insurance Policy and Behavior Policy) as noted above. The updated Parent Handbook is available to read and print at: <https://the-energy-club.com/kidfit>

If Transport from School to KidFit is required, also include:

- GC Shuttle – School Transportation Monthly Billing Information
- GC Shuttle - Waiver of Liability and Hold Harmless Transportation Agreement

As the parent/ guardian of: _____,

I hereby state that I have read and understand the rules, policies, and procedures written in the Parent's Handbook. (Revised 02/2024)

Parent's Name: _____

Signature: _____ Date: _____

GC SHUTTLE, LLC
PO Box 316, Long Beach. MS 39560

School Transportation - Monthly Billing Information

By signing below, I understand and agree that:

1. The monthly Transportation fee of \$25 per child will be charged to the credit/debit card listed below during the first week of each month that the transport will be provided.
2. If at any time my account information changes, I will provide GC Shuttle LLC with the updated information as soon as possible by giving the KidFit Director this information during pick-up at KidFit.
3. If the charge is declined, GC Shuttle will attempt one more time within the first week of the month. If payment continues to decline, I will collect the envelope left for me at KidFit and return it to KidFit within 2 business days with the completed updated Monthly Billing Information form or cash.
4. If payment is not received by GC Shuttle by the 15th of the month, GC Shuttle will bill KidFit, who will then add \$25 Transport Fee plus \$5 Late Fee to my KidFit draft.
5. GC Shuttle LLC has the right to decline transport if payment is not received.

Parent/ Guardian Name: _____ Signature: _____

Cell Phone: _____ Email:(PRINT) _____

Child(ren) Name(s) (PRINT): _____

Credit/ Debit Card Authorization Form

WRITE CLEARLY & COMPLETE ALL FIELDS.

You may cancel this authorization at any time by contacting us. This authorization will remain in effect until end of this school year.

Type of Card: ___MasterCard ___Visa ___Discover ___AMEX ___Other: _____

Credit/ Debit Card Account Information:

Cardholder Name:(PRINT as shown on card) _____

Card Number: _____ Expiration: ____/____ CVC: _____ Billing Zip: _____

I, (print name) _____ authorize GC SHUTTLE LLC to charge my credit/debit card above \$25 per child per month as outlined above. I understand that my information will be saved to file for future transactions on my account.

Account Holder's Signature: _____ Date: _____

Office Use Only:

Approved: YES NO & Action needed: _____ **TOTAL MONTHLY: \$** _____

GC SHUTTLE, LLC
PO Box 316, Long Beach. MS 39560

Waiver of Liability and Hold Harmless Transportation Agreement

Please sign, date, and return this form to GC SHUTTLE, LLC services.

Transportation will only be provided after this signed form and payment is received and approved by GC Shuttle LLC.

1. I hereby **release, waive, discharge and covenant not to sue GC Shuttle LLC**, the Board and its individual members, officers, agents, servants, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my minor child(ren), or any of the property belonging to me or my minor child(ren), as result of, or in any way arising out of me or my child(ren) traveling in vehicles owned or operated by GC Shuttle LLC.

Initial here: _____

2. I **voluntarily assume full responsibility for any risks of loss.**
3. I further hereby **agree to indemnify and hold harmless the releasees** from any loss, liability, damage, or costs due to me or my minor child(ren) traveling in a vehicle or vehicles owned or operated by GC Shuttle LLC.
4. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the state of Mississippi.
5. **In signing this release, I acknowledge and represent that** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed.

The following must be fully completed & signed by parent/guardian prior to transportation.

PRINTED NAME(S) OF CHILD(REN) TRAVELLING WITH GC SHUTTLE LLC:

PARENT/GUARDIAN NAME (print clearly): _____

SIGNATURE: _____ **DATE:** _____ **TIME:** _____