

LAST NAME FIRST NAME M F

D.O.B. Potty Trained Y N
 please circle

Age

Parent #1	<input type="text"/>	cell	<input type="text"/>	work	<input type="text"/>
Parent #2	<input type="text"/>	cell	<input type="text"/>	work	<input type="text"/>
Other	<input type="text"/>	cell	<input type="text"/>	work	<input type="text"/>

Parent #1 Address

Parent #2 Address

Parent #1 Email Parent #2 Email

Allergies Allergy treatment

AIM Kidz Start Date

State Law requires that we have written authorization from a Child's legal guardian to seek medical help in the event of a medical emergency. By signing below, you will provide us with this authorization. Our policy, in the Event of a medical emergency is to contact you first. If we can not contact you first, we will try to contact any others that you may designate. In the event that we are unable to contact you or your designated representative, or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Parent #1 Signature -> _____ Date _____

Parent #1 Signature -> _____ Date _____

Authorized Persons to pick up your child from AIM Kidz 1 Facility...

You must send a note, email, or call Ms. Tammy if someone else is picking child up other than those listed below. They will be asked to show Drivers License or Picture ID

Name	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your child have difficulties or disabilities with which he/she needs special attention? YES NO

Describe your child's personality. _____

Has your child attended any other P/S? YES NO If yes please describe experiences. _____

How well does your child follow directions at home? Good Fair Needs Improving

How well does your child listen when others are speaking? Good Fair Needs Improving

What tasks is your child responsible for at home? _____

Does your child have any food allergies? YES NO

Does your child have any other allergies? YES NO

Does your child have dietary restrictions? YES NO

Does your child have special needs or health concerns? YES NO

Does your child have special needs or health concerns? YES NO

Does your child have disabilities, difficulties, or behavioral issues that need special attention? Failure to disclose such issues could result in immediate dismissal. YES NO

Please list any comments/ concerns that we should know about in order to make your child's experience with us the best that it can be.

NEEDED AUTHORIZATIONS FOR CHILD TO BE A CAMPER AT AIM KIDZ 1		Initials
I understand that NO MEDICATIONS CAN BE ADMINISTERED BY AIM KIDZ 1 STAFF.		
My child has permission to walk from one building to the other with a teacher.		
I give AIM Kidz 1 permission to video tape or photograph my child during camp in order to use for advertising.		
I understand that AIM Kidz 1 cannot administer daily medications, headache, or stomach ache medicine to your child.		
No electronic games at all.		
G and PG movies only		
1 hour of TV time per week		
Outside play everyday weather permitting.		
***NO SMART PHONES OR WATCHES. If you are transitioning between homes then turn into office for us to keep and hand off.		

CONTAGIOUS ILLNESSES	
According to State Guidelines, NO Daycare Facility is allowed to house children that are sick and can infect other children. If your child is running fever they cannot attend AIM Kidz 1. All children must be fever free for 72 hours.	

MEDICAL ATTENTION	
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DISCIPLINE POLICIES	
The Discipline Policies have been explained to me. I understand and agree with them. I agree to have my child follow the rules. If my child gets 3 write ups I realize that I will have 1 week to find another center for my child as they will no longer be able to attend AIM Kidz 1 school year program or Summer camp.	

COMMITMENT POLICIES	
I realize that I am committing to attend AIM Kidz 1. I understand that I am responsible for paying weekly tuition regardless of my child's attendance. Due to restricted numbers in each program this commitment policy ensures that the facility will continue to operate at capacity.	

PAYMENT POLICIES	
I understand that I will be charged my weekly or monthly rate regardless of my attendance. If I attend facility when schools are closed, I will submit payment of \$15.00 by cash, check, or online invoice payment by days end OR I will be charged \$18.00 for the day.	

LATE FEES	
I understand that I will be charged late fees according the following rates. 6:00 pm - 6:15 pm \$10.00 / 6:15 pm - 6:30 pm \$20.00/ 6:30 pm - 6:45 pm \$30.00 / 6:45 pm - 7:00 pm \$40.00 / after 7:00 pm \$50.00. This is a family fee not child fee.	

<p style="text-align: center;">NON-VEHICULAR EXCURSIONS AUTHORIZATION</p>	<p style="text-align: center;">CONSENT TO RELEASE INFORMATION, RECORDINGS OR PHOTOGRAPHS</p>
<p>My Child _____, has my permission to participate in the following offsite activities when the children are walking and accompanied by staff of the center.</p>	<p>I give my consent for aim Kidz 1 to release information/ photographs/ recordings of my child</p> <hr/> <p>from which my child might be identified, except to authorized state and federal</p>
<p style="text-align: center;">Type of Activity: Kidz Korner Area at AIM. Gymnastics Class at AIM.</p>	<p>You have my permission to post pictures on the private facebook page that only members of summer camp have access to.</p>
<p style="text-align: center;">This authorization is valid for one year.</p>	
<p>Parent Signature:</p>	<p>Parent Signature:</p>
<p>Date:</p>	<p>Date:</p>