

# KIDSPLEX AFTER SCHOOL 2009-2010 REGISTRATION FORM

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Mail: KidsPlex, c/o Triangle SportsPlex, 101 Meadowlands Drive, Hillsborough, NC 27278



## Welcome and Thank You for Registering Your Child in Our After School Program!

Please fill out this form completely, back and front, for each child you wish to register, including any child for whom we have previous registrations on record for other KidsPlex Programs.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **M** **F**

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Account Information:** Parent/Guardian-1 is the person responsible for payment.  
Parent/Guardian-2 is the primary emergency contact.

### Parent/Guardian-1

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

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

City/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_  
STATE NUMBER

check if OK to pick up child

### Parent/Guardian-2

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

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

City/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
STATE NUMBER

check if OK to pick up child

**Emergency Contact Information:** Please provide **very reliable** contact information for at least 2 adults **other** than the above parent/guardian(s). If this information changes, please let us know in writing (email OK) **ASAP!**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ check if OK to pick up child

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ check if OK to pick up child

**Pick Up/Visitation Permission:** Please provide the names and phone numbers for other adults you are authorizing to pick up and/or visit your child. If this information changes, please let us know in writing, (email OK) **ASAP!**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pick Up Visit

### Family and Medical Information:

Is there a family situation and/or custody concern about which we need to be aware? **NO YES\***  
(\*If **YES**, please attach an explanation.)

Does this child have any special needs, services (including visits by therapists and/or case managers), restrictions, allergies, asthma, etc.: **NO YES\*** (\*If **YES**, please describe below. Attach extra sheets if necessary.)

Will this child need to have medicine administered during After School? **NO YES\***  
(\*If **YES**, please fill out and attach a *Medication Authorization* form. We **will not** administer medicine without this form.  
**Self-medication, including any over the counter medicines, is not permitted.**)

Do you want this child to wear a life jacket? **YES NO** Is this child brand new to ice skating? **YES NO**

May we use photographs of/or including this child for public display purposes? (advertising, photo-share with other KidsPlex families, etc.) **YES NO** (We assure you the highest standards will be maintained.)

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

I request my child be registered/enrolled in the KidsPlex 2009-2010 After School Program as follows:

full time: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

part time: minimum 2 days/week  
circle days desired: M T W Th F Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check if you have a Triangle SportsPlex Family or Parent w/Dependent Child(ren) Membership.

**PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY!**

**After School Program (ASP) Fees:**

- A Yearly Administration Fee (YAF) of \$50 is due at time of registration.
- For returning children, please check with KidsPlex management or the Customer Service Care Center (front desk) to see if his/her YAF is up to date (not expired). If expired or if the fee will expire between the time of registration and the start of your child's attendance, it will need to be paid (renewed) at time of registration.
- Full time enrollment (5 days/week) is \$14/day; part time enrollment (2 to 4 days/week) is \$17/day.
- There is a 10% discount for the 1st, 2nd, or more siblings of the oldest child registered.
- There is a 15% discount for all children if you have a TSP Family Membership or a TSP Parent w/Dependent Child(ren) Membership (intended for single-parent family only, not a two-parent family, but only one parent intends to use).
- Discounts are not combined.
- A Late Pickup Fee of \$1/minute is charged for pickup after 6pm and is due at the time of pickup. If not paid then, this fee will be added to the next month's ASP invoice.

**After School Program (ASP) Payments:**

- Invoices for the next ASP month are emailed no later than the 20th of the current month. If you do not receive an invoice by the 25th of the current month, it is your responsibility to let us know. We will provide you with a copy of the invoice within 24 hours. The payment due-date will not be extended.
- The monthly invoiced amount is calculated by multiplying the daily rate (\$14 or \$17) by the number of days your child is expected to attend, based on your child's school calendar and the days you have chosen for him/her to attend.
- Routinely, your ASP invoice, does not include charges for early dismissal, teacher work days, holidays, winter/spring break days, intersession days, etc. KidsPlex offers a **1-Day Camp Program** (1-DC) for these days.
- Payment is due on or before the 5th of the invoiced month. If the 5th falls on a weekend, payment is due the next Monday.
- A Late Payment Fee of \$25 will be charged for payments made after the 5th of the invoiced month.
- If payment in full, including any Late Payment Fee charges, for the invoiced month is not received, by the 10th of the invoiced month, KidsPlex management will immediately deactivate your child's enrollment and your child cannot continue to attend the program. You must arrange with KidsPlex management for the reactivation of your child's enrollment.
- After the 10th of the invoiced month, if you have not arranged for reactivation of your child's enrollment and if s/he has attended any days in the invoiced month, we will revise the invoice to charge for the number of days attended times the part time rate (\$17), and refer the revised past due amount to the Triangle SportsPlex business office for collection.
- In any month, prior to the 20th of the month, if your child is absent due to illness/injury for more than 3 consecutive days, credit for additional absences will be applied to the next month's invoice. These absences must continue to be consecutive with the first 3 absences. After the 20th but before the 5th of the invoiced month, this credit will be applied to the month following the invoiced month. Your request for this credit must be in writing (email OK).
- If your child's school closes for emergency reasons (bad weather, power goes off, etc) on a day for which you have been charged, **and** the KidsPlex is closed (no Inclement Weather camp or After School), credit will be given. .
- No credit is given if your child is absent for any other reason, i.e. family vacations, doctor's appointments, etc.
- Payment can be made in person, by mail, or by phone. Mailed payments must be received on or by the payment due-date.
- If paying by check, the check must be made payable to the **Triangle SportsPlex** and must have your driver's license number on it.
- Payments can be made automatically by credit card every month on the 5th if you authorize us to do so. To use this service, please provide KidsPlex management with a completed *Credit Card Authorization Form—KidsPlex After School*.
- If there are circumstances which will affect your ability to pay the full invoiced amount and/or to pay on time, please let KidsPlex management know **before** the invoice due date. We value you as a member of our KidsPlex family and are willing to work with you.

**Waiver:** In consideration of the above named registrant being granted permission by Recreation Factory Partners, LLC dba: Triangle SportsPlex to participate in this program and associated activities, I hereby accept and assume all risks said and release and hold harmless Recreation Factory Partners, LLC dba: Triangle SportsPlex and its officers, employees, agents and volunteers from any and all liability relating to or arising out of the above named person's participation. I authorize Recreation Factory Partners, LLC dba: Triangle SportsPlex and its officers, employees, agents and volunteers at any such person's discretion, to administer emergency first aid treatment at my expense, to obtain the services of a physician and/or rescue squad and to authorize the same to affect such treatment of the above named person as the same deem advisable. Recreation Factory Partners, LLC dba: Triangle SportsPlex reserves the right to dismiss any child from the program if their behavior is disruptive to the other participants or the child is

**Parent/guardian signature:** Your signature below signifies your understanding of and agreement with all the information above.  
Registration forms without the parent/guardian signature and date will not be accepted.

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_