



S.O.A.R. After School Program 2017-2018 Registration Form

**Form must be filled out in its entirety
with all signatures.*

2800 Main Ave.
Fargo, ND 58103
Phone: 701-365-8868
Fax: 701-365-8870

Web: www.tntkidsfitness.org
E-mail: kidscomefirst@tntkidsfitness.org

I. Child(ren)

#1 Child's Name (First/Middle/Last): _____	Male/Female	Date of Birth: _____ Age: _____ School: : _____ (room # if at Lodoen Center)
#2 Child's Name (First/Middle/Last): _____	Male/Female	Date of Birth: _____ Age: _____ School: : _____ (room # if at Lodoen Center)
#3 Child's Name (First/Middle/Last): _____	Male/Female	Date of Birth: _____ Age: _____ School: : _____ (room # if at Lodoen Center)

II. Parent/Guardian

Referred to by: _____.

Guardian #1 Name:	Guardian #1 Cell (____) _____ Work (____) _____
Guardian #2 Name	Guardian #2 Cell (____) _____ Work (____) _____
Address:	City, State, Zip
E-Mail Address:	Home Phone:

III. Emergency Contact (other than Parent/Guardian)

In case of an emergency and guardians cannot be reached, the following adults should be contacted: (Required to be local; Parents must list a minimum of two individuals). These individuals will be authorized to pickup unless otherwise indicated.		
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship:	
Home Phone:	Cell Phone:	Work Phone:

IV. Medical Information (Required)

List any physical/psychological disabilities, chronic ailments, special needs, and/or allergies (food) for each child:		
Child #1		
Child #2		
Child #3		
YES	NO	Are there any medications that your child(ren) takes on a regular basis? If yes, please list child/medication:
Name of Physician:		Phone:
Hospital Preference:		Phone:
Clinic:		Phone:

V. Child Drop-Off & Pick-Up Policy

It is the policy of TNT KID'S FITNESS & GYMNASTICS, that a child will not be released to any individual who is not named on this registration form. Verbal permission by the parent is not permitted and any changes must be made to the Customer Service Desk in writing by the parent/guardian. A photo ID may be required at time of pickup. Please be respectful to our staff and pick your child(ren) up prior to our closing time of 6:00pm. Parents must sign their child out from TNT Kid's Fitness & Gymnastics at the Customer Service Desk when removing them from our program.

I have read and agree to drop off and pick-up policy of TNT Kid's Fitness & Gymnastics	
Parent Signature:	Date:

VI. Permission to Use Photograph

I grant TNT Kid's Fitness & Gymnastics its representatives and employees the right to take photographs of the above identified child(ren). I authorize TNT Kid's Fitness & Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that TNT Kid's Fitness & Gymnastics may use such photographs with or without the name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and agree to grant TNT Kid's Fitness & Gymnastics the right to use photograph.	
Parent Signature:	Date:

VII. Parent Agreement & Consent Form

Please read each section carefully. By signing below, you agree to the policies and procedures that TNT Kid's Fitness & Gymnastics follows.

Parent Agreement

1. I understand that I may visit my child at TNT Kid's Fitness & Gymnastics (TNT) at any time.
2. I understand that corporal punishment and abuse of any kind will not be allowed at TNT.
3. I understand that TNT MUST report any abuse or neglect suspected or observed to the proper authorities.
4. I understand that if my child has a special need, I must schedule a meeting with the SOAR Program Lead prior to start (contact Jocelyn at jocelyn@tntkidsfitness.org)
5. I understand that I must report any contact information changes, address, phone numbers, to the SOAR Program Lead in a timely manner.
6. I understand TNT's preferred method of payment is through automatic payments with either a checking, savings, or credit card account on secure file and charges will be processed on the 5th day of each month, starting in the month of September.
7. I understand that the SOAR tuition is based on a full-time, monthly rate of \$265.
8. I understand that I must give a two week written notice should I decide to discontinue my child in the SOAR program.
9. I understand that my child must meet the requirements of EITHER being 7 years old or 4'9" in order to ride in the vans without a booster seat. If they do not, I must provide TNT with an appropriate booster seat for transportation purposes.
10. I understand that my child will be given one snack per day. I may pack my child snacks in substitute of what TNT serves.

Parent Consent

1. I give permission for TNT to release medical information in the case of an emergency with my child for emergency medical care if reasonable attempts have been made to contact me.
2. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against TNT, their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association of entry in activities involving motion, rotation, and height in a unique environment and as such carries with it the risk of serious injury.
3. I give permission for TNT to transport my child for program related activities.
4. I give permission for any student to use or publish information on the care or social interactions with any of the children as part of their college course work. All names of children will be kept confidential. I therefore release TNT from any liability for the use and publications of any information by any employee of TNT.
5. I give permission for TNT staff to administer first aid if my child is injured.
6. I give permission for TNT Kid's Fitness & Gymnastics to show age-appropriate movies that are rated PG or lower.

I have read and agree to the policies and procedures listed above.	
Parent Signature:	Date:

eCheck/ACH/Debit or Credit Card
Recurring Payment Authorization Form

Date: _____ I, _____ (print name)
authorize TNT Kid's Fitness & Gymnastics to charge my financial account listed below, on the 5th or
next business day of the month, or as stated on the Parent Agreement & Consent Form (NBS/SODC).

Bank Name: _____

Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

-----OR-----

Debit or Credit Card (Circle one)

Account Number: _____

Expiration Date: _____ 3 or 4-digit card verification code: _____

Billing Name & Address as appears on statement:

Name: _____

Street Address: _____

City/State/Zip: _____

This payment authorization is valid & remains in effect unless I, _____
notify TNT Kid's Fitness & Gymnastics of cancellation by sending notice to janine@tntkidsfitness.org or
fax 701-365-8870 or mail 2800 Main Avenue, Fargo ND 58103.

Customer Name Printed: _____

Customer Signature: _____ Date: _____

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & scan and
email to janine@tntkidsfitness.org or drop off form in person. Services cannot be provided until the
completed form is received.

Voiced Check