



ACTIVE KIDS PRESCHOOL GROUP REGISTRATION FORM

CHILD'S NAME & DATE OF BIRTH _____

REQUESTED SCHOOL DAYS _____

PARENT OR GUARDIAN _____

CONTACT PHONE _____

EMERGENCY CONTACT NAME & PHONE _____

EMAIL _____

ALLERGIES _____

PEDIATRICIAN CONTACT INFO _____

My child will be picked up by (list all) _____

Would you prefer contact via email or text or both? _____

We would like to print a class list for parents providing contact information. Would you like to be included on the list? _____

Copy of Birth Certificate submitted? _____

TUMBLING TUNES WAIVER & RELEASE OF LIABILITY

DISCLAIMER: TUMBLING TUNES ACTIVE KIDS PRESCHOOL GROUP IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS OR OTHER ACTIVITIES AT TUMBLING TUNES OR AT OFF PREMISE TUMBLING TUNES CLASSES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TUMBLING TUNES, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of the child's participation, I hereby release and covenant not to sue Tumbling Tunes/Active Kids, the Tumbling Tunes/Active Kids officers, or any of Tumbling Tunes/Active Kids employees, teachers, coaches or agents from any and all present and future claims resulting from ordinary negligence of Tumbling Tunes/Active Kids or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, or any other activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my child, my family, estate, heirs or assigns. Further, I am aware that gymnastics is a vigorous sporting activity involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs and that the mats, pits and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including conditioning, stretching and other activities which may leave my child vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved and on behalf of the child, hereby agree to accept my and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless Tumbling Tunes/Active Kids and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Tumbling Tunes/Active Kids activities or any activities incidental thereto, whenever, wherever or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of New York.

I affirm that I am a parent or legal guardian of the child and that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me of the child for the ordinary negligence of Tumbling Tunes or any person listed above.

I grant Tumbling Tunes/Active Kids Preschool Group the right to use my child's photo for advertising purposes. Child's personal information will not be posted unless authorized by a parent or caregiver.

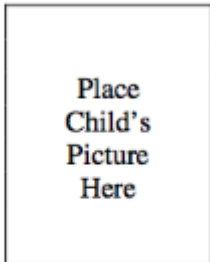
Child's Name _____

Parent's Name _____

Parent or Caregiver's Signature & Date _____

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:

- If a food allergen has been ingested, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication**:

(To be determined by physician authorizing treatment)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

The severity of symptoms can quickly change. †Potentially life-threatening.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg (see reverse side for instructions)

Antihistamine: give _____ medication/dose/route

Other: give _____ medication/dose/route

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrin may be needed.

2. Dr. _____ at _____

3. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.) _____	2.) _____
b. _____	1.) _____	2.) _____
c. _____	1.) _____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)

Active Kids Preschool Group Financial Contract

My child, _____ is currently enrolled in the Active Kids Preschool Group.

I understand and agree to the following:

1. Registration will be accompanied by a non-refundable registration fee of \$100 if registering prior to the start of the school year.
2. Monthly tuition payments are due on the 26th prior of each month.
3. No tuition reductions or refunds will be given for school holidays, illnesses, or vacations. (The annual tuition is broken down into 10 equal monthly payments factoring in holidays)
4. I will be assessed a \$50 fee if my check is returned to the school by the bank for any reason.
5. I will be assessed reasonable collection and attorney's fees if my account is placed for collection.

Parent's Signature & Date

Print Name

AUTHORIZATION TO PICK UP A CHILD FROM TUMBLING TUNES/ACTIVE KIDS

Name of
Child(ren): _____

I hereby inform Tumbling Tunes/Active Kids that the people listed below are authorized to pick up the above named child(ren) at anytime. Accordingly, Tumbling Tunes/Active Kids is hereby instructed to release my child(ren) into the care of the following people whenever they come to Tumbling Tunes/Active Kids

AUTHORIZED PICK-UP PERSON:

Name:	Relationship to Child:	Phone Number:
1. _____		
2. _____		
3. _____		

- I understand that:
- 1) Parents/guardians must inform Tumbling Tunes/Active Kids of the name of the person who is picking up their child on any day when they or any of the above listed contacts will not be picking up.
 - 2) The "Authorized Pick-Up Person" must be at least 18 years old and may be asked to provide a photo ID to the staff.
 - 3) This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

Parent/Guardian	Signature	Date

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed physician:

CHILD IN CARE MEDICAL STATEMENT

Health Specifics

Comments

Are there allergies? (Specify)	Yes	No	
Is medication regularly taken? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	No	

Summary of Physical Exam

Include special recommendations to child preschool providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in preschool. Yes No

Signature of Examiner	Address	
Please Print Name	City, State, Zip	
Title	() - / /	Date
	Phone	

Tumbling Tunes Health Policy and Consent

I agree not to send my child into Tumbling Tunes if they are ill or have had a fever within the last 24 hours.

In the event of the following cases, Tumbling Tunes will act as follows:

Illness – Parents will be called to come for the child, or if a parent cannot be reached, the emergency contact will be called.

Minor Accidents – Parents will be contacted and medical attention will be given. If parents cannot be contacted, the emergency contact will be called.

Emergencies – Parents will be notified and medical attention will be given. If parents or the emergency contact cannot be reached, The East Northport Fire Department will be called. If a hospital visit is necessary, a teacher or the director will accompany with the signed emergency medical agreement.

I HAVE READ THE HEALTH POLICY AND AGREE TO THE ITEMS SPECIFIED ABOVE.

Child's Name: _____

Parent's Signature and Date:

Print Name: _____

Emergency Contact & Phone Number: _____
