

TAS FEBRUARY VACATION 2019 REGISTRATION

Child's Name (please print): _____

	PLEASE CHECK DATES ATTENDING	TAS HOURS	FIELD TRIP	
Monday, 2/18/2019 (registration deadline 2/1/19)		7am to 6pm	Chunky's Cinema, Haverhill Movie, Pizza and Popcorn, YUM!	\$60 per child
				Pizza lunch included.
Tuesday, 2/19/2019 (registration deadline 2/1/19)		7am to 6pm	Boston Sports Club, Woburn We will be supervised by a BSC lifeguard. Please send a bathing suit and towel.	\$60 per child
				Lunch not included.
Wednesday, 2/20/2019 (registration deadline 2/1/19)		7am to 6pm	Jump On In, Woburn We will be bouncing for 90 minutes! All kids MUST have a signed waiver and socks.	\$60 per child
				Lunch not included.
Thursday, 2/21/2019 (registration deadline 2/1/19)		7am to 6pm	Danvers Indoor Sports Come with your sneakers on and ready to play!	\$60 per child
				Pizza lunch included.
Friday, 2/22/2019 (registration deadline 2/1/19)		7am to 6pm	Burbank Ice Arena, Reading The kids will be ice skating. Please send warm clothes, skates, etc. Skates are available there for rental. Rental cost is included.	\$60 per child
				Lunch not included.

Parent's Signature _____

Date _____

Your child(ren) will not be considered registered until we have the following:

1. This completed and signed Permission Slip.
 - 1a. **If you are not a current TAS student, you must also complete the two-sided Enrollment Form.**
2. Payment for the day(s) noted above by the deadline.

Tuition, once paid, will not be refunded. Once tuition is paid in full, it cannot be exchanged for any other day(s).

Refunds or credits will not be issued due to absences.. TAS offers a sibling discount of 10% off of the lower tuition.

Jump On In Waiver and Electronic Waiver Sign-up Sheet

Parent/Guardian Info: (* Indicates Required Fields)

I am a Parent or Legal Guardian. Please enter the information below.

Parent's First Name*

Parent's Last Name*

Email Address*

Addr (req'd)* Street*:

City*: State*: Zip*:

Phone (req'd)* Ph:

Child 1:

Child 2:

First*

First*

Last*

Last*

Birthdate* / /

Birthdate* / /

Waiver:

In consideration of being allowed to enter into the play area and/or participate in any parties, classes or programs at the Jump On In location, I, on my own behalf and on behalf of the minor(s) identified above, acknowledge, appreciate and agree that: I, as the parent/legal guardian, or adult entrusted to care, assume full responsibility for all participants listed above. I willingly agree to comply with the stated and customary terms, rules and conditions for participation. I recognize that the risk of possible injury, including but not limited to the potential for paralysis, death, emotional distress, monetary loss, or other damage to myself, or the and the above listed participants under my care, to property, or to third parties can occur in activities involving height or motion, including participation in and/or use of Jump On In parties, classes, programs and equipment. While particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks to myself and the above participants, both known and unknown, even if arising from the negligence of other participants. Being fully aware of these dangers, I voluntarily consent to myself, the above listed minor(s) in my care participating in and using the Jump On In equipment, parties, classes and programs.

I certify that the participant(s) named above is(are) of physical ability to safely participate in any of the facility's activities without risk of injury to him/herself or other participants. In addition, if I observe any hazard, I will bring it to the attention of the nearest Jump On In representative immediately. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the above participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On. In, Inc., JOI Franchising, LLC, any Jump On In franchisee and their officers, agents, employees, other participants, and sponsoring agencies ("JOI Party" or "JOI Parties") with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by signing or clicking Submit for my children, for all participants in my care and/or my spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid and in force for a period of two years from today's date. I agree that any dispute will be settled by arbitration. In the event that I file an arbitration against any of the JOI Parties, I agree to solely do so in the state in which the JOI Party is located and I further agree that the substantive law of the state in which the JOI Party is located shall apply in that action without regard to conflict of the law rules in that state. I agree that if any portion of this waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my participant's participation in the programs or parties at Jump On In, I may be found to have waived my or the minor participant's right to maintain a lawsuit against the JOI Parties on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/Guardian Signature: _____ Date: _____

Please include me in e-mailings for special offers, discounts, coupons, news, etc.

Accept Decline


TREASURES AFTER SCHOOL & VACATION PROGRAMS

ENROLLMENT FORM

Child's Name: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____
 Home Phone: _____ Date of Birth: _____
 Current School: _____ Grade in Sept: _____
 Eye Color: _____ Skin Color: _____ Hair Color: _____ Height: _____ Weight: _____ Sex: _____ Primary Language: _____
 PLEASE SUPPLY A RECENT PHOTO OF YOUR CHILD. Identifying Marks: _____

Parent/Guardian: _____ Relationship to Child: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Home Email: _____
 Employer: _____ Work Address: _____ Town: _____ State: _____ Zip: _____
 Work Phone: _____ Work Email: _____

Parent/Guardian: _____ Relationship to Child: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Home Email: _____
 Employer: _____ Work Address: _____ Town: _____ State: _____ Zip: _____
 Work Phone: _____ Work Email: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian Initials: _____

Emergency Contacts (other than parents/guardians):

Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
Name: _____ Relationship to Child: _____ Permission to Pick Up? Y or N
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

The following people may never pick up my child*: _____

*Please note that biological parents are automatically authorized to pick up your child unless TAS is given a copy of a current court ordered custody agreement.

Medical Information

Insurance Company Name: _____
 Subscriber's Name: _____ Policy #: _____
 Physician's Name: _____ Phone: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____, and to secure necessary medical treatment for my child. I hereby give Little Treasures Schoolhouse, Inc. permission to administer basic First Aid and/or CPR to my child. Parent/Guardian Initials: _____

Parent's Signature

Date

Child's Name: _____ Date of Birth: _____

Allergies	Medications

All medication MUST be accompanied with written parental AND doctor permissions (or prescription) AT LEAST one week prior to first day. Medication forms may be downloaded at www.LittleTreasuresSchool.com.

<p>I give LTS/TAS permission to take photos of my child. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give LTS/TAS permission to post photographs of my child (without my child's name) on the LTS website and/or private Facebook page. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to go on walking field trips. These walking field trips may be either on or off of LTS/TAS property. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>I give permission for my child to reapply sunscreen, as needed. I understand that I must provide sunscreen to TAS, clearly labeled with my child's name. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Transportation Plan & Authorization	Monday	Tuesday
<p>Please list the time of drop off & pick up each day in the space provided. We must have contact information for each person/company who is transporting your child. Please call LTS if your child will be late or absent. We will have to contact you if you do not notify us. Please let all authorized individuals know we will require identification at pick up if we have not previously met them.</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>
Wednesday	Thursday	Friday
<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>	<p>My child will arrive at LTS/TAS at: _____ am/pm Parent Drop Off _____ am/pm Other Caregiver: (Caregiver's Info: _____) _____ am/pm Public/Private Van: (Van Info: _____) _____ am/pm Supervised Walk _____ am/pm Unsupervised Walk _____ Other: Specify: _____</p>

Parent's Signature _____

Date _____

updated 12-23-15