

# Mid-Winter Break 2018 Full Days: 2/20-2/23

\_\_\_\_\_ Tuesday, February 20<sup>th</sup>  
\_\_\_\_\_ Wednesday, February 21<sup>st</sup>  
\_\_\_\_\_ Thursday, February 22<sup>nd</sup>  
\_\_\_\_\_ Friday, February 23<sup>rd</sup>

- Kids' Club is open at 7am and closes at 6pm.
- Kids' Club will provide two snacks, however kids are required to **bring their own sack lunch**
- All costs on field trips are included in the daily rate. Kids are not allowed to spend money on field trips.
- Please dress for the weather!!! We are going SLEDDING on Thursday 2/22-  
PACK WARM CLOTHES

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

Child's DOB: \_\_\_\_\_

Currently on the following medications: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone:(H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)\_\_\_\_\_

Emergency Contact's: Name: \_\_\_\_\_

Phone:(H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)\_\_\_\_\_

Does your child have any allergies/special needs that we should know about?

\_\_\_\_\_

- The cost of care is \$50 per day for kids enrolled at Kids' Club, and \$60 for kids who are not enrolled.
- Cancellations must be received in writing to Kids Club by **February 12th** or you will be charged. **If your child is sick or you have a change in plans please understand that you are still responsible for tuition due unless you have cancelled by the above date.**

## Permission for Medical Treatment:

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member at Kids' Club. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only: Date received \_\_\_\_\_ Payment received \_\_\_\_\_ # \_\_\_\_\_