

TWIGS Kids Camp Registration Form 2026

1900 S. Alex Rd. West Carrollton, Ohio 937-866-8356 twigskids@aol.com www.twigskids.com

The perfect camp for *ACTIVE* school aged kids wanting to *MOVE* and *LEARN*!
Ages 5-13 years

Full Day Camp Anytime between 7:30am-5:15pm
Planned Activities 9:00am-4:00pm
\$285/ Week or \$70/ Day
**Enroll less than a week prior is an additional drop in fee \$15

Half Day Camp 9:00am-12:00pm
\$135/Week or \$40/ Day
Late Pick up \$15

We are a **Moblie Device Free Camp!** Please leave all phones, tablets, nintendo, etc. at home.
We will have a TV Screen during the hours of 7:30-9:00am and 4:00-5:15pm for different activities.

Child's Name		Date of Birth	Gender: Male/Female
Home Address		City	T-Shirt Size:
State	Zip	Telephone Number:	
Parent/Guardian Name #1			Relationship to Child:
Home Address <input type="checkbox"/> Same as Child's			City
State	Zip	Telephone Number <input type="checkbox"/> Same as Child's	
Email Address			
Parent's Work Name/Address			Parent's Work Telephone Number
Can we share your contact information with another parent/guardian of a camper if they ask for birthday party invite purposes? Yes/No			
If YES- E-mail, Cell Phone or Both?			
Parent/Guardian Name #2			Relationship to Child
Home Address <input type="checkbox"/> Same as Child's			City
State	Zip	Telephone Number <input type="checkbox"/> Same as Child's	
Email Address			
Parent's Work Name/Address			Parent's Work Telephone Number
Can we share your contact information with another parent/guardian of a camper if they ask for birthday part invite purposes? Yes/No			
If YES- E-mail, Cell Phone or Both?			
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. Please list <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.			
Emergency Contact #1			Relationship to Child
City, State		Telephone Number	
Emergency Contact #2			Relationship to Child
City, State		Telephone Number	

For Office Use ONLY: Approved by: _____ Card on file _____ Reg. Fee Paid: _____ Attendance in JR _____ Allergies _____ On Allergies List _____ ALL Contacts/demographics in JR _____ Release Names on List _____
Additional Notes for Staff List _____ Received Camp Shirt on: _____ (only for summer camp) Given Shirt by: _____

Child's Name
Allergies, Special Health or Medical Conditions, Dietary Restrictions & Other Additional Information:
Fill in this section <u>accurately and completely</u> . Please note that our program will only administer emergency medication , such as an epi pen or inhalers. If your child needs additional daily medication, you or someone else can come to our facility to administer at the appropriate time. If your child has emergency medications needed here for the day, it is the parents responsibility to bring with the child each day, turn into the office, and pick up at the end of each camp day.
Does your child have any food, medication, or environmental allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
Does your child's allergy/allergies require our staff to monitor for a symptom, take action if reaction occurs, or give emergency medication to your child? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
Does your child have a developmental delay or special health or medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
Is your child currently using any medication or medical food? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)
List any health history or health concerns that would be needed to assist the staff or medical personnel in an emergency situation .
List any additional information about your child that would be useful for our staff to know; such as fears and ways that your child prefers to be comforted, eating behaviors, behavioral needs, or special routines .

Child's Name	
TK Camp Policies, Releases, and Fees:	
<i>Please initial next to each policy, release, and fee statement that you have read, acknowledge, and agree to each statement.</i>	
<hr/>	<p>I understand that TWIGS Camp tuition is due ONE week prior to my child's attendance. Full day tuition is \$285/ week or \$70/ day. Half day tuition is \$135/ week or \$40/day. One child pays full price, all other siblings will receive a 10% discount off all camp tuition. No credits or refunds will be given without a 22. hour notice that your child will not be attending camp. I understand I must have a card on file and it will be charged one week prior to my child's camp day/week. If my card is declined, TWIGS will <u>make 1 attempt to call and get payment before my child is dropped from camp attendance</u> . Therefore, a \$15/day late fee will apply when re-registering.</p>
Tuition Policy:	
<hr/>	<p>I understand that if my child is NOT signed up one week in advance for TWIGS Camp, I will pay an additional \$15/ day Drop-In Fee. Drop-Ins will only be premitted while daily spots will allow.</p>
Drop-In Tuition Fee:	
<hr/>	<p>I acknowledge and agree that I have the sole and full responsibility for all fees and other indebtedness incurred relating to my child's participation at TWIGS Camps. I agree to pay all fees in full without regard to any arrangement I may have with any other person for sharing responsibility for such fees.</p>
Financial Responsibility:	
<hr/>	<p>I understand that TWIGS Camp requires a credit/debit card to be kept on file while my child attends camp. Tuition will be auto charged a week prior to my child's attendance. I understand that if my credit card is declined, TWIGS will <u>make 1 attempt to call and get payment before my child is dropped from camp attendance</u> . Therefore, a \$15/day late fee will apply when re-registering.</p>
Auto Charge Policy:	
<hr/>	<p>I understand that a \$25 fee will be placed on my account if a tuition check is written to TWIGS Kids and doesn't go through the bank. My child will not be able to attend camp until this fee and tuition is paid.</p>
Return Check Fee:	
<hr/>	<p>Full day TWIGS Camp ends every day Monday- Friday at 5:15pm. Half day TWIGS Camp ends every day Monday- Friday at 12:00pm. I understand that if I fail to pick my child up by 5:30pm or 12:15pm, I will be charged a Late Pick Up Fee of \$15. Additional Late Pick Up Fees of \$15 are applied every 15 minutes.</p>
Late Pick Up Fee:	
<hr/>	<p>As a parent or legal guardian or having legal authority, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, swimming, and diving. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height or landing surface exists, the risk cannot be eliminated. In addition, swimming or activities in or around water can result in brain damage or drowning.</p>
Assumption of Risk:	
<hr/>	<p>I agree that I will indemnify and hold harmless TWIGS Kids, and its officers, directors, shareholders, employees and agents from all damages, costs, and attorney fees arising from any claims by me or my child, or by any other person whether on their own behalf or by, through or on behalf of my child, relating to my child's participation in TWIGS Kids programs.</p>
Waiver of Liability:	
<hr/>	<p>Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as result of any injury sustained by me or my child while in attendance at or participating for TWIGS Kids. I understand that if my child is injured, TWIGS Kids will first attempt to contact the parent(s) and then any other Contacts provided on the registration form. I understand that TWIGS Kids staff will defer to parents (or first available contact) in matters pertaining to medical treatment, including but not limited to calling 911 or other assistance in tending to my injured child. I understand that TWIGS Kids reserves the right to not treat or move an injured child if the staff decides said action might further injure the child. I hereby authorize the staff at TWIGS Kids to act according to the above policies and according to their best judgment in the event of a medical emergency.</p>
Medical Authorization:	
<hr/>	<p>I understand and agree that I give TWIGS Kids the permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment and we cannot get ahold of any Parent/Guardian or Emergency contacts. The emergency transportation service will determine the facility to which my child will be transported.</p>
Emergency Transportation Authorization Release:	
<hr/>	<p>Anyone coming on TWIGS Kids premises must follow its rules and directives. I understand that maintaining a positive learning environment depends on everyone abiding by the rules and directives of TWIGS Kids and its staff, and avoiding any argumentative, derogatory, or disrespectful conduct. I understand and agree that as a condition of my child's participation in any TWIGS program, my child and all family members/guests are required to follow rules and directives from TWIGS Kids and our staff. If there is a failure to comply with such rules or directives, I understand that my child and all family members/guests may be instructed to leave the premises, and may be permanently expelled and barred from the premises at TWIGS sole discretion. I understand that there will be no refund or other compensation if my child is either temporarily suspended or permanently expelled. I represent that I have notified TWIGS Kids if I am aware of any reason that my child will have difficulty complying with this policy.</p>
Code of Conduct:	
<hr/>	<p>I understand and agree that it is my responsibility to hold my child out of camp if he/she has been diagnosed with any illness that can potentially be transmitted to others including, but not limited to, poison ivy, poison oak, pink eye, flu-like symptoms, etc. And it is my responsibility to inform TWIGS Kids of such conditions, including providing a doctors release if/when the contamination period has ended and my child is released from the care of his/her physician and may return to normal group activity. It is not TWIGS Kids responsibility to attempt to medically diagnose such illnesses and will not be held responsible should a child be brought to TWIGS Kids with such medical conditions.</p>
Illness Policy:	
<hr/>	<p>TWIGS Kids Camp is not responsible for any lost/stolen items that have been left behind in our facility by you or your child. Please mark your child's name on all belongings so we can help get belongings to their rightful owners throughout the day. Best time to find lost items is before you leave TWIGS Kids from that camp day.</p>
Personal Items Policy:	
<hr/>	<p>I understand and agree that photos/videos taken of my child by TWIGS Kids may appear in advertisement or social media.</p>
Photo/video Release:	
<hr/>	<p>I understand and give permission that my child will be swimming during TWIGS Kids Camp.</p>
Swimming Release:	
<hr/>	<p>In the event that we have a field trip not under our roof, I give my child permission for the TWIGS Kids Camp Staff to transport or walk my child to the field trip. My child is older than 4 years of age and more than 40 pounds.</p>
Transportation/ Field Trip Release:	
<hr/>	<p>At TWIGS Kids Camp, during Dot Time, we play movies for the kids to watch as down time, before and after our daily scheduled activities. I understand and let TWIGS Kids Staff choose any movie listed as G or PG from Disney Plus.</p>
Movie Release:	

Child's Name _____	
TK Camp Policies, Releases, and Fees Continued:	
Summer Camp ONLY Policies:	
Camp Registration Fee:	I understand that there is a \$25 per child, non-refundable, Summer Camp Registration Fee if I sign my child up for camp by March 31st. While spots are available, if I sign my child up on or after April 1st the Registration Fee is \$35 per child, non-refundable.
Devotional Release:	TWIGS was started in 1972 as TWIGS Christian Gymnastics Club and continues with the philosophy under which it was founded. This philosophy being dedicated to God with belief in Jesus Christ as our Lord and Savior. We would like to share a short, age appropriate, devotional time with the children who attend Summer Camp, however we want to ensure that parents/guardians are aware and in support of this short time being offered. Please initial so we know this devotional time has your support and approval.
Weekly Newsletter:	Each week a newsletter of the themed activities and special events will be emailed one week prior to that week's events. Printed copies will also be available for pickup at the front office upon request. I understand it is my responsibility to have an email on file or pick up the newsletter in person to know and ask questions on activities and events each week.

Furthermore, I have read and understand the Tuition Policy, Drop-In Tuition Fee, Financial Responsibility, Auto Charge Policy, Return Check Fee, Late-Pick Up Fee, Assumption of Risk, Waiver of Liability, Medical Authorization, Emergency Transportation Authorization Release, Code of Conduct, Illness Policy, Personal Items Policy, Photo/video Release, Swimming Release, Transportation/ Field Trip Release, Movie Release; for summer camp, Camp Registration Fee, Devotional Release, and Weekly Newsletter statements, initialed above, and I voluntarily affix my name in agreement. I further certify that I have legal authority to enroll the child due to the following: 1) I am the child's parent with legal authority to register 2) if divorced or dissolution, have court ordered authority by the Decree (custodial parent or parenting time) 3) court appointed Guardian 4) legal custody through Juvenile court.

Signature of Parent/ Guardian _____	Date _____
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Camp Behavior:

Staff at TWIGS Kids would like your child to have the best experience possible here! Thus, all participants must understand and follow the company rules. These guidelines and expectations are in place to provide safety for both; your child and our staff. Please go over all information with your child and have them initial at the end of this section.

TWIGS General Rules for Kids

- 1. Listen and follow instruction from ALL staff members 2. Stay in assigned group 3. Be Kind**

Steps when staff experience any undesirable behavior:

Step 1: Staff will question whether or not the child knew the behavior was wrong. We will repeat the ruling and check for comprehension; we may ask for them to repeat back to us.

Step 2: (1) Verbal Warning with Exact Consequences. If child repeats the already discussed undesirable behavior there will be a consequence; typically, time spent away from activities.

Step 3: Consequence: Time spent away from activities, the standard age-appropriate time spent away from activities is for 1 min of the child's age; 7 years old= 7 minutes. Questioned for comprehension again to not repeat undesirable behavior, apology if necessary, and review, to help each child take responsibility for their actions.

If the same or multiple different undesirable behavior continues and time spent away from activities doesn't seem to help the situation, then the child will be asked to leave for the remainder of the program's day and documentation will be kept on file. Notes will be sent home on behavior to keep communication with parents as problems arise. We may request a parent meeting. Probations, suspensions, and expulsion from the program can result from the child's behavior.

Behaviors that warrant IMMEDIATE dismissal from our Program Day:

1. *Pure defiance* – won't do anything that they are told or just saying "no" to simple tasks told to the group such as "line up" or "sit in a circle"
2. *Yelling, screaming, and fighting* with teachers or other campers
3. *Hitting or pushing* (not keeping hands/ body parts to themselves)
4. *Spitting or biting*
5. *Foul language*

Thank you in advance for your cooperation!

I have reviewed the discipline policy with my child. _____ Date: _____

Parent's Signature: _____ **Child's Initial** _____

If you are ever concerned with behavior, situations, or stories from your child; please do not hesitate to call us and talk to a manager. Our phone is (937) 866-8356. We would be happy to help get to the bottom of a story and help serve our families more. Our summer camp is governed thru the Ohio Department of Jobs and Family Services and follow their Camp Rulings. Montgomery County Children Services 937-224-5437 Local Montgomery County Health Department 937-225-5700

Child's Name

2026 Camp Scheduling

Below is a list of ALL of our TWIGS Camp Days. Please indicate which camp day(s) your child will be attending. Please clearly mark if your child will be coming for a Full Day or Half Day.

*Reminder to be enrolled for any camp day tuition is due **one week prior to all camp dates attending**. We will only grant a refund/credit for the marked days below with a **72 hour notice**.

Full Day Camp Anytime between 7:30am-5:15pm	Half Day Camp 9am-12pm	Day of the Week	Calendar Date	Camp Day/Weeks
		Monday	January 19th	Martin Luther King Day Camp
Full Day Camp	Half Day Camp			
		Friday	February 13th	Presidents Day Camp
		Monday	February 16th	
Full Day Camp	Half Day Camp			
		Monday	March 30th	Spring Break Camp
		Tuesday	March 31st	
		Wednesday	April 1st	
		Thursday	April 2nd	
		Friday	April 3rd	
		Monday	April 6th	
Full Day Camp	Half Day Camp			
		Tuesday	May 26th	Summer Camp Week 1
		Wednesday	May 27th	
		Thursday	May 28th	
		Friday	May 29th	
Full Day Camp	Half Day Camp			
		Monday	June 1st	Summer Camp Week 2
		Tuesday	June 2nd	
		Wednesday	June 3rd	
		Thursday	June 4th	
		Friday	June 5th	
Full Day Camp	Half Day Camp			
		Monday	June 8th	Summer Camp Week 3
		Tuesday	June 9th	
		Wednesday	June 10th	
		Thursday	June 11th	
		Friday	June 12th	
Full Day Camp	Half Day Camp			
		Monday	June 15th	Summer Camp Week 4
		Tuesday	June 16th	
		Wednesday	June 17th	
		Thursday	June 18th	
		Friday	June 19th	
Full Day Camp	Half Day Camp			
		Monday	June 22nd	Summer Camp Week 5
		Tuesday	June 23rd	
		Wednesday	June 24th	
		Thursday	June 25th	
		Friday	June 26th	
Full Day Camp	Half Day Camp			
		Monday	June 29th	Summer Camp Week 6
		Tuesday	June 30th	
		Wednesday	July 1st	
		Thursday	July 2nd	
		Friday	July 3th	

Child's Name

2026 Camp Scheduling Continued

Full Day Camp	Half Day Camp			
		Monday	July 6th	Summer Camp Week 7
		Tuesday	July 7th	
		Wednesday	July 8th	
		Thursday	July 9th	
		Friday	July 10th	
Full Day Camp	Half Day Camp			
		Monday	July 13th	Summer Camp Week 8
		Tuesday	July 14th	
		Wednesday	July 15th	
		Thursday	July 16th	
		Friday	July 17th	
Full Day Camp	Half Day Camp			
		Monday	July 20th	Summer Camp Week 9
		Tuesday	July 21st	
		Wednesday	July 22nd	
		Thursday	July 23rd	
		Friday	July 24th	
Full Day Camp	Half Day Camp			
		Monday	July 27th	Summer Camp Week 10
		Tuesday	July 28th	
		Wednesday	July 29th	
		Thursday	July 30th	
		Friday	July 31st	
Full Day Camp	Half Day Camp			
		Monday	August 3rd	Summer Camp Week 11
		Tuesday	August 4th	
		Wednesday	August 5th	
		Thursday	August 6th	
		Friday	August 7th	
Full Day Camp	Half Day Camp			
		Monday	August 10th	Summer Camp Week 12
		Tuesday	August 11th	
		Wednesday	August 12th	
		Thursday	August 13th	
		Friday	August 14th	
Full Day Camp	Half Day Camp			
		Monday	October 12th	Fall Break Camp
		Tuesday	October 13th	
		Wednesday	October 14th	
		Thursday	October 15th	
		Friday	October 16th	
Full Day Camp	Half Day Camp			
		Monday	December 21st	Holiday Camp
		Tuesday	December 22nd	
		Wednesday	December 23rd	
		Monday	December 28th	
		Tuesday	December 29th	
		Wednesday	December 30th	
		Thursday	December 31st	