

Twigs Kids Camp Registration Form 2023

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The perfect camp for <i>ACTIVE</i> kids wanting to <i>MOVE</i> and <i>LEARN</i>! Ages 5-13 years		Full Day Camp Anytime between 7:30am-5:15pm exceeding 4 hours a day \$250 / Week or \$55/ Day		Half Day Camp 9:00am-12:00pm or 1:00-4:00pm \$125/ Week or \$30/ Day	
Child's Name			Date of Birth		T-Shirt Size
Home Address					City
State		Zip	Home Telephone Number		
My Child can swim? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian Name #1				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's					City
State		Zip	Home Telephone Number <input type="checkbox"/> Same as Child's		
Email Address			Cell Phone		
Parent's Work Name/Address			Parent's Work Telephone Number		
Please indicate if this name could be released if another parent/guardian, of a child attending the program requests contact information. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which contact you would prefer us to share. <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Parent/Guardian Name #2				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's					City
State		Zip	Home Telephone Number <input type="checkbox"/> Same as Child's		
Email Address			Cell Phone		
Parent's Work Name/Address			Parent's Work Telephone Number		
Please indicate if this name could be released if another parent/guardian, of a child attending the program requests contact information. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which contact you would prefer us to share. <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
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		

Child's Name
<p align="center">Allergies, Special Health or Medical Conditions, Dietary Restrictions & Additional Information:</p> <p>Fill in this section <u>accurately and completely</u>. Please note that our program will <i>only administer emergency medication</i>, 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.</p>
<p>Does your child have any food, medication, or environmental allergies?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain)</p>
<p>Does your child's allergy/allergies require our staff to monitor for a symptom, or take action if reaction occurs, or give emergency medication to your child?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain)</p>
<p>****Reminder our program requires the parent to bring the emergency medications needed here for the day, turn into the office, and pick up at the end of each camp day.</p>
<p>Does your child have a developmental delay or special health or medical condition?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain)</p>
<p>Is your child currently using any medication or medical food?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain)</p>
<p>****Reminder our program DOES NOT administer any medications during the camp day. If your child needs any medications, someone would need to bring it to them during the camp day at the appropriate time.</p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Explain)</p>
<p>List any health history or health concerns that would be needed to assist the staff or medical personnel in an emergency situation.</p>
<p>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.</p>

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>	
_____ Tuition Policy:	I understand that TWIGS Camp tuition is due ONE week prior to my child's attendance. Full day weekly tuition is \$250 or \$55/ day. Half day weekly tuition is \$125 or \$30/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 72 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 \$5/day late fee will apply when re-registering.
_____ Financial Responsibility:	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.
_____ Auto Charge Policy:	I understand that TWIGS Camp requires a credit/debit 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 make 1 attempt to call and get payment before my child is dropped from camp attendance. Therefore, a \$5/day late fee will apply when re-registering.
_____ Return Check Fee:	I understand that a \$20 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.
_____ Late-Pick Up Fee:	TWIGS Camp ends every day Monday- Friday at 5:15pm. We do give a grace period for traffic until 5:30pm. I understand that if I fail to pick my child up by 5:30pm, I will be charged a Late Pick-Up Fee of \$15 at 5:31pm for any additional time after closing and the grace period. An additional late fee of \$15 will be applied at 6pm.
_____ Assumption of Risk:	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 gymnast 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.
_____ Waiver of Liability:	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.
_____ Medical Authorization:	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.
_____ Emergency Transportation Authorization Release:	I understand that I give TWIGS Camp 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.
_____ Code of Conduct:	Anyone coming on TWIGS 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 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 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 in 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 if I am aware of any reason that my child will have difficulty complying with this policy.
_____ Illness Policy:	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.
_____ Personal Items Policy:	Twigs 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.
_____ Photo/video Release:	I understand and agree that photos/videos taken of my child by TWIGS may appear in advertisement or social media.
_____ Swimming Release:	I understand and give permission that my child will be swimming during TWIGS Camp.
_____ Transportation/Field Trip Release:	In the event that we have a field trip not under our roof, I give my child permission for the TWIGS 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.
_____ Movie Release:	At TWIGS Camp during Dot Time we do play movies for the kids to watch as a down time before and after our daily scheduled activities. I understand and let TWIGS Staff choose any movie listed as G or PG from Disney Plus.

Child's Name	
TK Camp Policies, Releases, and Fees Continued:	
<p><u>Summer Camp ONLY Policies:</u></p>	
<p>_____ Camp Registration Fee:</p>	<p>I understand that there is a \$20 per child, non-refundable, Registration Fee if I sign my child up for camp before March 31st. While spots are available, if I sign my child up on or after April 1st the Registration Fee is \$30 per child, non-refundable.</p>
<p>_____ Devotional Release:</p>	<p>TWIGS was started in 1972 as TWIGS Christian Gymnastics Club and continued 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 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.</p>
<p>_____ Weekly Newsletter:</p>	<p>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 office upon request at the front office. 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.</p>
<p>Furthermore, I have read and understand the Tuition Policy, 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.</p>	
<p>Signature of Parent/ Guardian _____ Date _____</p>	
<u>Camp Behavior:</u>	
<p>Our 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 sign at the end of this section.</p>	
<p><u>TWIGS General Rules for Kids</u></p>	
<p>1. Listen and follow instruction from ALL staff members 2. Stay in assigned group 3. Be Kind</p>	
<p>Steps when staff experience any undesirable behavior:</p>	
<p><u>Step 1:</u> 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.</p>	
<p><u>Step 2:</u> 1 Verbal Warning with Exact Consequences. If child repeats the already discussed undesirable behavior that there will be a consequence; typically, a time out.</p>	
<p><u>Step 3:</u> Consequence: Time Out— the standard age-appropriate time out 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 and emotions.</p>	
<p><i>If the same or multiple different undesirable behavior continues and Time Outs don'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 as well. Probations, suspensions, and expulsion from the program can result from the child's behavior.</i></p>	
<p><u>Behaviors that warrant IMMEDIATE dismissal from our Program:</u></p>	
<p>1. <i>Pure defiance</i> – won't do anything that they are told or just saying "no" on simple tasks told to the group such as "line up" or "sit in a circle"</p>	
<p>2. <i>Yelling, screaming, and fighting</i> with teachers or other campers</p>	
<p>3. <i>Hitting or pushing</i> (not keeping hands/ body parts to themselves)</p>	
<p>4. <i>Spitting or biting</i></p>	
<p>5. <i>Foul language</i></p>	
<p>Thank you in advance for your cooperation!</p>	
<p>I have reviewed the discipline policy with my child. Date: _____</p>	
<p>Parents Signature: _____ Child's Signature _____</p>	

Child's Name

TK Camp Scheduling:

Use the calendar below to identify which days your child will be attending either **Full** or **Half** Days, all week or just partial week attendance. Please refer to the example calendar to reference Full Day, AM Half Day 9am-12pm, or PM Half Day 1pm-4pm.

Example Schedule:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
	All Week Full Day -----					
8	AM 9	10	PM 11	12	Full 13	14

May/June 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30-May	31	1-Jun	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

July 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1-Aug	2	3	4	5

August 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
6	7	8	9	10	11	12
13	14	15	16	17	18	19

For Office Use Only:

☐ Reg Approved by: _____

☐ Card on File

☐ Reg fee Pd date: _____

☐ Attendance in JR

☐ Allergies? _____

☐ On Allergies List

☐ ALL Contacts and demographics in JR

☐ Received T-shirt on: _____