After School Program Registration Form
2024-2025 School Year

Please read the following registration package carefully and fill out each information field completely. To secure your spot, a non-refundable registration fee of ==$100/CHILD== must be paid to LVX, by e-transfer, credit card, or cash and this package must be returned. Please print clearly.

1. **Name of Child(ren):**

- Child #1
    - i. Name: _____
    - ii. Date of Birth (DD/MM/YYYY): _____
    - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

    _____

- Child #2
    - i. Name: _____
    - ii. Date of Birth (DD/MM/YYYY): _____
    - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

    _____

- Child #3
    - i. Name: _____
    - ii. Date of Birth (DD/MM/YYYY): _____
    - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

    _____

- Child #4
    - i. Name: _____
    - ii. Date of Birth (DD/MM/YYYY): _____
    - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

    _____

**Do you grant LVX Incorporated permission to use photographs of your child(ren) for any legal use, including but not limited to publicity, advertising, illustration, and social media (please circle one)

YES   NO

2. **School Information:**

   Name: _____ Phone: _____

   Email: _____ Bus #: _____

3. **Please circle days needed. Must be the same day of every week, and a minimum of 3 days:**

   MONDAY   TUESDAY   WEDNESDAY   THURSDAY   FRIDAY

   Start Date: _____

4. **Will your child be registered in any other LVX Programs:**
   - Recreational Class - day/time: _____
   - Pre-Competitive (by invite) - day/time: _____
   - Competitive - day/time (by invite): _____

5. **Fees for 2024-2025:**
   - $77 +tax/week
   - $19 +tax/day (min. 3 days)
   - $12 +tax/day if you are registered in a class starting at 4:30pm or 5pm
   - $0/day if training 4+ hours/week or have a class at 4pm
   - **There will be an additional late fee for pick up past 5:30pm**
     - i.   **5:31pm-5:45pm = $25**
     - ii. **5:46pm-6:00pm = $50**

6. **Payment Details:**
   - Payment for our After School Program happens through monthly invoices sent out on the 1st of every month, and must be paid within 2 weeks. Payment can be made by credit card, e-transfer (junglegym.lvx@outlook.com) or cash. You can view and pay your invoices by logging into your account through our main website: junglegym.uplifterinc.com.

7. **Family Information:**
   - Parent #1   Name: _____
     Cell Phone: _____
     Work Phone: _____
     Home Phone: _____
     Email: _____
   - Parent #2   Name: _____
     Cell Phone: _____
     Work Phone: _____
     Home Phone: _____

Email: _____
- Home   Address: _____
  City: _____
  Postal Code: _____

8. **Others allowed to pick-up:**
   - Names: _____
     _____

9. **People NOT allowed to pick-up:**
   - Names: _____

10. **Password:**
   - This password will be required upon pick-up by any adult, including parents.
   - Password: _____

==**11. ABSENT DAYS:**==
   - Parents MUST notify LVX on the days that their child will not be getting off the bus, by email or phone.

I, _____ (parent/guardian printed name), agree to the following:

- ✓ I have completed and understand all information fields in this package.
- ✓ I have paid the non-refundable $100/child registration fee.
- ✓ I have submitted photos (by email) of myself, my child(ren) and those allowed to pick-up.
- ✓ I am responsible for letting staff of LVX know when my child(ren) will not be getting off the bus at the facility, by email or phone.
- ✓ I understand that there is no refund or credit given if a child is sick.
- ✓ I understand that if the buses are cancelled, we will still be running the After School Program.
- ✓ I understand the program does not run when there is no school: holidays, PA Days etc.
- ✓ I must sign out my child upon pick-up from the gym.
- ✓ I have thoroughly read and understand the After School Program Policy.
  - o I am familiar with the cancellation and schedule change section.
  - o I am familiar with the parent/guardian expectations section.
  - o I am familiar with the dismissal from program section.

Parent/Guardian Signature: _____   **Date:** _____