

Imagymnation Workshop Information & Medical Form

Office only

Name: _____

Child's Name _____ Sex _____ DOB ____/____/____ Age _____

Home Phone _____ School _____ Has your child attended Imagymnation before? _____ Year? _____

Address _____ City _____ State _____ Zip _____

Parent/guardian _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Second parent/guardian/emergency contact _____ Phone _____ Cell: _____

Address _____ City _____ State _____ Zip _____ Bus. Ph. _____
(if different than above)

Email address: _____

Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is between 8:45am-9am. Please note: our counselors are in meetings prior to 8:45am.
- Pick-up is between 12:45-1:00pm. Late pick-ups will have a charge of \$5.00 per five minutes late (example- 15 minutes late = \$15.00 charge).

Please list those adults to whom your child may be released and picked up.

Name	Phone 1	Phone 2	Relationship

Please list anyone who doesn't have permission to pick up your child: _____

Please list any friends that your child would like to be placed with: _____ Age: _____

Friend #2: _____ Age: _____

Are there any Kids First classes that we need to take your child to during Imagymnation? _____

If yes, please list: _____

Group: _____

Age: _____

Your Child

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____

Allergic to: Bee Stings Peanuts Tree Nuts Dairy Sun screen Other _____

Medication allergies/Sensitivities: _____

Is an epi-pen needed for any of the allergies above? _____

What type of reaction does your child have to stings? _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Child's Name: _____ Phone #: _____

Cancellations:

Must be made the Wednesday prior to the week of attendance. (No refunds, credits or rescheduling will be permitted after the cancellation deadline.)

Parent initials _____

20% Family Discount:

- The Kids First Family Discount applies only for siblings attending Imagymnation *simultaneously* (no discounts for different workshop weeks).
- The Kids First Family Administration fee is NOT required for Imagymnation Workshops.
- If you attend 10 FULL weeks of Imagymnation, your 11th and/ or 12th FULL week is **50% off**.

	IMAGYMNATION	Tuition 2009	
			Late Reg. (After the Wed prior to week attending)
Imagymnation Station	Student 1	Student 2	
Weekly rate	\$160.00	\$128.00	\$185.00
Daily Rate	\$36.00	\$28.80	\$25 for the week/per child



Office use

<p>June 1-4</p> <p><input type="checkbox"/> June 1-4 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: T W R F</p> <p>TOTAL \$ _____</p>	<p>WEEK 1 - June 7-11</p> <p><input type="checkbox"/> Week 1-June 7-11 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: M T W R F</p> <p>TOTAL \$ _____</p>
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<p>WEEK 2 - June 14-18</p> <p><input type="checkbox"/> Week 2-June 14-18 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: M T W R F</p> <p>TOTAL \$ _____</p>	<p>WEEK 3 - June 21-25</p> <p><input type="checkbox"/> Week 3-June 21-25 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: M T W R F</p> <p>TOTAL \$ _____</p>
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<p>WEEK 4 - June 28-2</p> <p><input type="checkbox"/> Week 4-June 28-2 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: M T W R F</p> <p>TOTAL \$ _____</p>	<p>WEEK 5 - July 5-9</p> <p><input type="checkbox"/> Week 5-July 5-9 \$ _____</p> <p><input type="checkbox"/> Daily x _____ \$ _____</p> <p>Circle Days: M T W R F</p> <p>TOTAL \$ _____</p>
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