

# All Aboard the KIDS' HOLDIDAY EXPRESS!!!

## Saturday, December 9<sup>th</sup>, 10am-2pm

**Ages 18 mo.-8 years** Open to the Public Adult supervised **Cost:** First child \$40, each additional \$25

**Add on:** Homemade Gift includes card & gift wrapping **-\$3** each & Gingerbread House **-\$5** each

ALL aboard the JFK Express for a fun day making stops at Rudolph's Reindeer Ranch for games, crafts, and free play, a pizza lunch at the Elves' Cafe, and a final stop at the Movie Express Theater for a holiday movie.

Extra stops (ADD ONS) include the Gingerbread Workshop to create a homemade ginger bread house and Santa's Workshop to make a gift for someone special.

Please return completed form with payment by **DECEMBER 7<sup>th</sup>**! New students please include a copy of birth certificate & medical form.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Allergies/Food Restrictions:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_ **Phone #s:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Allergies/Food Restrictions:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Authorized Pick up Person:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**OPTIONAL ADD ONS:** Please fill in selections

**Student Name** \_\_\_\_\_

Gingerbread House	# making	Cost \$5		Total Cost \$
Gift/Ornament		Cost \$3	Recipient name(s):	\$
Gift/Snowman cannister w/cocoa		Cost \$3	Recipient name(s):	\$

**Student Name** \_\_\_\_\_

Gingerbread House	# making	Cost \$5		Total Cost \$
Gift/Ornament		Cost \$3	Recipient name(s):	\$
Gift/Snowman cannister w/cocoa		Cost \$3	Recipient name(s):	\$
COST OF ADD ONS				\$
<b>TOTAL COST DUE: ADD ONS + (\$40 or \$65)</b>				<b>\$</b>

**GENERAL AUTHORIZATION**

I hereby grant **JUST for KIDS Preschool** permission for the above named child to: **Y/N**

- (A) Take part in all program activities including the use of indoor and outdoor equipment     (B) Use photograph for advertising (No names used)  
 (C) Use photograph on the Just For Kids Website (No names used)     (D) Use photograph on the Just For Kids Facebook page (No names used)  
 (E) Be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an illness or accident which requires EMERGENCY MEDICAL TREATMENT at a time when a parent cannot be reached, I give permission for the director, or other preschool personnel designated by the director, to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, or other persons listed for emergency contact.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_