Kids' Saturday Night at the Movies presents

Summer Travel Party!!!

JUNE 15th

Travel a different country each summer month

Attend June, July, & August and receive $15 off your August movie night!

Movie: PLANES **Activities:** Packing Race & Car Washing

Art: Making Passports & Binoculars **Dinner:** Pizza, veggie, & fruit

OPEN TO THE PUBLIC (ages 2-8 years)

Please select time: _____**4pm-7pm** ____ **5pm-8pm (One child $30 each additonal child in same family $15)**
_____**4pm-8pm (One child $40 each additional child in same family $25)**

Student's name _____ DOB _____ Food Allergies/Restrictions: _____

Student's name _____ DOB _____ Food Allergies/Restrictions: _____

Address _____ City _____ State _____ Zip code _____

Parents: _____ Phones #: _____ Email: _____

Persons you authorize to be contacted in case of an emergency (if parent/guardian is unavailable)

Name_____Relationship_____Phone _____

Persons you authorize to pick up your child in case of an emergency (if parent/guardian is unavailable)

Name_____Relationship_____Phone _____

MEDICAL AUTHORIZATION: We hereby grant Just For Kids Preschool permission to take whatever action may be necessary in providing emergency medical care for my child. We understand that Just For Kids will first make an attempt to contact a parent, guardian, physician or other persons authorized to be contacted in an emergency, but if they are unavailable, we grant permission to Just For Kids Preschool to call 911 and seek medical attention from available physician or ambulance personnel. A staff member will accompany the child until a parent arrives. We hereby agree that we will be responsible for and will promptly pay all medical charges incurred by such an emergency. Signature _____ Date _____

GENERAL AUTHORIZATION: We hereby grant Just For Kids Preschool permission for the above named child to:

(a) take part in all program activities including the use of indoor and outdoor play equipment
(b) be photographed or videotaped during program activities
(c) be given prescribed medications provided by the parent as directed by the written instructions from a physician.
(d) a log will be kept of administered medications.
(e) be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose.

Signature_____ Date _____

Pest Management

Integrated pest management is a method for managing damage by pests with the least possible hazard to people, property, and the environment. This method of managing pests includes the careful use of pesticides such as insecticides, herbicides, rodenticides, and fungicides. Integrated pest management also requires that parents or guardians have a right to prior written notice of pesticide applications. I have read and understand the Just For Kids Preschool integrated pest management.

Signature of Parent/Guardian_____ Date _____

I would like prior notification via email regarding application of pesticides on the property at Just For Kids Preschool _____ (Please initial).

By initialing this, I understand that I will receive a written notice prior to all applications performed on the property at Just For Kids Preschool.

Parent Handbook, Discipline, & Late Pick-Up Policy

I/We hereby acknowledge that I/we have read, understand, and agree to the Discipline Policy and the Late Pick Up Policy as they are stated in the **Just For KIDS Preschool** Parent Handbook. Parent/Guardian Signature_____Date_____