

Are you ready for the new school year?



**HEALTHPLUS
KID'S
AFTERSCHOOL**



**HealthPlus Fitness Center
FALL 2009**

IT IS GOING TO BE AN AWESOME SCHOOL YEAR AT HEALTHPLUS!

Our goal at the afterschool program is to provide a safe learning environment where we will focus on homework, reading, and fun physical activities.

PLAY! Capture-the-flag, dodge ball, kickball, soccer, four square, basketball, volleyball, shark tag, croquet, scooters and swim every Friday! After the homework of course!

READING! Reading time everyday for grade level recommendation time.

ACTIVITIES! ACTIVITIES! ACTIVITIES! ACTIVITIES!

HEALTHPLUS AFTERSCHOOL PROGRAM Fall 2009

It is going to be a busy school year at HealthPlus. Please keep in mind that registration is not complete or guaranteed until Laura confirms your registration via email.

DIRECTOR

The Director is Laura Futrell. All questions and inquiries can be directed to her. You can reach her by email at laura.futrell@eamc.org by phone at (334) 887-5666 ext 209.

COUNSELORS

We have many familiar counselors returning for the fall. All teachers have experience working with children and are seeking degrees in related fields. Our goal is to provide a safe and fun-filled learning environment that will promote physical activity, homework help, creativity, and friendship. All counselors are certified in CPR & First Aid.

DAYS AND HOURS OF OPERATION

HealthPlus Afterschool Program begins August 10. We will pick your child up at school and pick up time is at 6:00 p.m.

AGE REQUIREMENTS

Children must be in first grade or older and attend Lee Scott or Cary Woods Elementary. Each child will be responsible for his or her belongings and following the daily camp schedule.

WEEKLY FEES

FULL TIME	\$45 per week (4-5 days a week)
PART TIME	\$30 per week (3 or fewer days a week)

These fees are due whether your child attends or not. If you need your child to attend on a day other than agreed upon, you will need approval from the director.

REGISTRATION FORM

Mark the days that you would like your child to attend HealthPlus Afterschool Program Registration Form. Upon confirmation from Laura, your child has a spot saved for the days you indicated. Changes must be given to Laura via email or in writing.

PAYMENT OPTIONS

CREDIT/DEBIT CARD

Provide us with your credit or debit card information and each Tuesday we will charge your card for the week's fees.

HOSPITAL PAYROLL DEDUCTION

Provide us with your employee number and camp fees will be deducted each pay period throughout the summer.

AUTHORIZED PICK-UP FORM

This list indicates all individuals who are allowed to pick your child up from camp and those that are not allowed. Additions or deletions may be made at any time by written notice or email from the parent/guardian to the Kid's Programs Director. All authorized individuals must show identification to the counselors upon pick-up. The child will not be released to individuals listed as unauthorized or not listed at all. This is to ensure the safety of your child. If there are any applicable legal documents that we need, please send a copy at registration.

SEE YOU THIS SCHOOLYEAR!

**AFTERSCHOOL PROGRAM INFORMATION
FORM**

HEALTHPLUS FITNESS CENTER

School Year 2009 - 2010

(One child per form)

CHILD'S NAME _____

AGE _____ **BIRTHDATE** _____

SCHOOL _____ **GRADE** _____ **TEACHER** _____

PARENTS' NAMES _____

PHONE (c) _____ **(c)** _____

PHONE (w) _____ **(w)** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

EMAIL _____

BEST PERSON TO CONTACT FIRST? _____

ARE YOU A HEALTHPLUS MEMBER? _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

ALLERGY/DIET RESTRICTIONS _____

ACTIVITIES TO BE RESTRICTED _____

MEDICAL INFORMATION

PHYSICIAN'S NAME _____

PHONE _____

EMERGENCY FACILITY PREFERED _____

DATE OF LAST TETANUS _____

CURRENT MEDICATIONS _____

EMERGENCY CONTACT INFORMATION (if parents cannot be reached)

NAME _____

PHONE _____ **RELATION TO CHILD** _____

PAYMENT CHOICE

_____ CREDIT/DEBIT CARD

_____ HOSITAL PAYROLL DEDUCTION (employee number: _____)

CREDIT/DEBIT CARD

The card specified here will be charged each Tuesday for the afterschool program week’s fees. HealthPlus does not accept Discover or American Express cards. The card must belong to whomever is signing the form.

Name of Cardholder _____

Card Number _____ Expiration Date _____

Cardholder’s Signature _____

I, _____, hereby certify that I am the parent/guardian of the above named child. To the best of my knowledge the information on this form is correct.

My child has permission to participate in all HealthPlus AfterSchool activities except those noted above. I certify that my child has no medical condition affecting or limiting in any way his or her ability to safely participate.

I assume all responsibility and risk of injury, loss or damage to person or property, by whatever cause (including any act or omission, negligent or other), sustained by the child, arising out of or relating to his or her presence at the Center or participation in the HealthPlus Afterschool program. I give my permission for HealthPlus to transport my child from his/her respective school.

I hereby release East Alabama Medical Center, HealthPlus Fitness Center, any parent or affiliated entity, their employees, agents, successors, and representatives from any and all liability for loss, damage or injury to person or property, by whatever cause (including any act or omission, negligent or otherwise), sustained by me or my child arising out of or relating to his or her presence at the Center or participation in the Afterschool program.

I further agree to indemnify and hold harmless East Alabama Medical Center, HealthPlus, any parent or affiliated entity, their employees, agents, successors, and representatives from and against any and all claims for loss, damage, or injury to person or property by whatever cause (including any act or omission, negligent or otherwise) sustained by my child or any other person, arising out of or relating to his or her presence at the Center or participation in the HealthPlus afterschool program.

In the event of an emergency in which I cannot be reached, I hereby grant permission to the physician/facility selected by the Kid’s Programs Director, to secure proper treatment for, and including, but not limited to, injections, anesthesia, or surgery for my child as named here in.

I have read and agree to abide by the camp policies and procedures. HealthPlus Fitness Center may produce/reproduce any photographs, slides/videos taken of us/our child/children for publicity purposes. Signature and fee payment required before registration can be processed.

Parent/Guardian Signature _____ Date _____

REGISTRATION FORM

_____ **Full Time**

_____ **Part Time**

Mark the days that you would like _____ to attend HealthPlus Afterschool Program.

YOUR SPOT IS NOT GUARANTEED UNTIL LAURA CONFIRMS VIA EMAIL.

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS

CHILD'S NAME _____

AUTHORIZED PICK-UP

Please list the individuals who are **allowed** to pick up your child from HealthPlus Afterschool Program including parents/guardians.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

UNAUTHORIZED PICK-UP

Please list the individuals who are **not allowed** to pick up your child from HealthPlus Afterschool Program.

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Additions or deletions may be made at any time by written notice from the parent/guardian to the Kid's Programs Director. All authorized individuals must show identification to counselors. The child will not be released to individuals listed as unauthorized or not listed at all. A signature is required before registration can be processed.

Parent/Guardian Signature _____ Date _____