

Kids & Fitness  
115 Wellness Drive  
Williston, VT 05495  
802-864-5351

Thank you for expressing interest in our program. The Sports & Fitness Edge of Williston Kids & Fitness Program is pleased to offer quality children's programming for children 6 weeks through 12 years. Our program is state licensed and in the process of becoming NAEYC accredited. We also offer two half-day kindercare sessions to accommodate Williston School District's half day Kindergarten. Additionally we offer an after school program for school age children that serves mostly the Williston schools. For more information on our after school programs (STARS), please call Bob Hunt at x12 for more information.

Enclosed you will find an application for enrollment, a detailed description of the developmental level you are interested in and our current tuition rates.

Please complete the enrollment application and return it to the above address. We will add you to our waiting list or call you right away if we have space. Please do not send the \$50.00 application fee until we call to let you know we have space for your child in our program. We will contact you even if the space we have does not meet your specific request. This provides you with an opportunity to let us know whether or not you are interested in the space or would like to remain on the wait list for a future opening. If your application remains on file throughout the course of that year, we will call if space is available for the following year. If there is not a space, your application will continue to hold your spot on the waiting list.

Please feel free to call with any questions at 864-5351 or email [micheller2@sfedge.com](mailto:micheller2@sfedge.com)

Sincerely,

Michelle Richling  
Williston Kids & Fitness Director

**Kids and Fitness**  
**Application for Enrollment**

Child's Name: \_\_\_\_\_ Male/ Female Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ Proposed Start Date \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Requested Program: \_\_\_\_\_ Infant (6 wks-1 yr) \_\_\_\_\_ Toddler (1-3 yrs old) \_\_\_\_\_ Preschool (3-5) yrs old

\_\_\_\_\_ Kindercare PM 11:30-5:30 \_\_\_\_\_ After School 3:00pm-6:00pm

Elementary school child will attend: \_\_\_\_\_

Requested Number of Days: \_\_\_\_\_ 2 days \_\_\_\_\_ 3 days \_\_\_\_\_ 4 days \_\_\_\_\_ 5 days

Requested Days (Please Circle)      M            T            W            TH            F

Requested Length of Day: \_\_\_\_\_ 7:45am- 12:30 pm \_\_\_\_\_ 7:45am-5:30pm

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**PICK UP AUTHORIZATION:** I authorize the following people to pick up my child at Kids & Fitness. If there are any changes in this agreement, I will notify you in advance in writing. (This is required to meet the standards for NAEYC, please fill out completely).

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

In case of an emergency, please fill in the following information for relatives or friends who can be called if we are unable to reach the parents. Please be sure each person knows you have given us his or her name.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Name of Dentist: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any of the following?

\_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Cardiovascular Disease \_\_\_\_\_ Muscular injury/condition

\_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Surgery \_\_\_\_\_ History of fainting

\_\_\_\_\_ Skeletal injury /condition \_\_\_\_\_ Family history of any of these listed \_\_\_\_\_ currently taking medication

Any special dietary requirements? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered yes to any of the above, please explain:

#### Kids and Fitness Waiver of Liability

I hereby release Kids and Fitness, together with it's operators, agents, employees, consultants, and instructors from any and all claims from injury or damage that may be sustained by my child for the use of the premises or equipment or from participating in the physical exercise form which I have subscribed for my child.

I represent hereby that my child is in good health and is capable of participating in such a program as he/she will not do anything that will injure themselves or others while engaging in such programs and will hold Kids and Fitness harmless in connection with his/her participation.

I have read, understand and agree to abide by the philosophy and policies of Kids and Fitness and hereby agree to abide by such rules upon acceptance of my child's application for enrollment.

\_\_\_\_\_  
Signature of parent/guardian for above authorization and agreement

\_\_\_\_\_  
Date

Please give permission for your child to participate in the following activities by signing your initials:

I hereby allow my child to participate in swimming activities offered by Kids and Fitness. \_\_\_\_\_

I hereby give Kids and Fitness permission to transport my child to the appropriate location in case of a medical emergency. \_\_\_\_\_

I hereby allow my child to participate in field trips organized by Kids and Fitness, this includes transportation that is provided by chaperones (parents in the program) not employed by Kids and Fitness. \_\_\_\_\_

I hereby allow Kids and Fitness to apply sunscreen to my child when needed. \_\_\_\_\_

I hereby allow Kids and Fitness to photograph/videotape my child for the purpose of documentation and publication. \_\_\_\_\_

As of \_\_\_\_\_ I am a member of the Sports and Fitness Edge Inc. Williston Essex S. Burlington

I will inform you right away if my membership status changes. \_\_\_\_\_