

EMPOWERING CHILDREN OUTSIDE THE HOME & SCHOOL



A safe, smart and fun program for school-age children (ages 5-13 years). With local elementary schools and districts choosing to continue with distance learning, LifeCenter Plus is here to help provide a safe, fun, and supervised environment. Our full-day and half-day program options are offered within a managed classroom-like environment, and provide the support your child needs to stay connected with their classroom teacher(s). Your child will stay engaged with their daily assignments and we will help them be successful for the school year, giving parents peace of mind!

SAMPLE DAILY SCHEDULE

7:00-9:00AM: BEFORE CARE
9:00-11:00AM: VIRTUAL LEARNING/CRAFTS & ACTIVITIES
11:00-1:00PM: LUNCH BREAK AND RECESS TIME
1:00-3:00PM: VIRTUAL LEARNING/CRAFTS & ACTIVITIES
3:00-6:00PM: AFTER CARE



LCP SAFE CHECKS & SUPPORT

- Daily temperature checks and COVID health screenings
- Extended hours available for before and after school
- Flexible day/week options available for families
- Supervised small groups with social distancing
- Wi-Fi access and tables with clear dividers for safety
- School work assistance/support
- Supporting local elementary and middle schools

PRICING

MEMBER

3 Full Days: \$135/week
 5 Full Days: \$210/week
 Drop-In Full Days: \$50/day
 3 Half Days: \$81/week
 5 Half Days: \$125/week
 Drop-In Half Days: \$30/day

NONMEMBER

3 Full Days: \$171/week
 5 Full Days: \$270/week
 Drop-In Full Days: \$62/day
 3 Half Days: \$105/week
 5 Half Days: \$165/week
 Drop-In Half Days: \$38/day

BEFORE & AFTER CARE

Before Care ONLY: \$25/week
 After Care ONLY: \$25/week
 Before AND After Care: \$40/week

**REGISTER ONLINE AT WWW.LIFECENTERPLUS.COM OR IN-PERSON
 CALL US WITH ANY QUESTIONS! (330)655-2377 EXT. 322**

LIFECENTER PLUS | 5133 DARROW ROAD, HUDSON, OH 44236

LifeCenter Plus 2020 Kids Force Registration

DATE:

Please fill out one registration form per child. Incomplete forms will be subject to administration fees and delays in processing.

Child's Name

Date of Birth

Parent's Name

Child's Age Group

LCP Member

Yes

No

Phone

-

-

*(REQUIRED)

(Please Circle):

Address (including zip code)

5-7 years

8-13 years

Email Address

*(REQUIRED)

Please mark an **X** for the days your child will be attending camp and leave the box blank if your child will not be attending camp.

Registering Multiple Children? (please circle)

Y

N

| Week | Dates | Mon. | Tues. | Wed. | Thurs. | Fri. | Before Care | After Care | Before & After | Total (\$) |
|--|-----------------|--------|--------|--------|--------|--------|-------------|------------|----------------|------------|
| 1 | Jan 4 - Jan 8 | Jan-4 | Jan-5 | Jan-6 | Jan-7 | Jan-8 | | | | |
| 2 | Jan 11 - Jan 15 | Jan-11 | Jan-12 | Jan-13 | Jan-14 | Jan-15 | | | | |
| 3 | Jan 18 - Jan 22 | Jan-18 | Jan-19 | Jan-20 | Jan-21 | Jan-22 | | | | |
| 4 | Jan 25 - Jan 29 | Jan-25 | Jan-26 | Jan-27 | Jan-28 | Jan-29 | | | | |
| 5 | Feb 1 - Feb 5 | Feb-1 | Feb-2 | Feb-3 | Feb-4 | Feb-5 | | | | |
| 6 | Feb 8 - Feb 12 | Feb-8 | Feb-9 | Feb-10 | Feb-11 | Feb-12 | | | | |
| 7 | Feb 15 - Feb 19 | Feb-15 | Feb-16 | Feb-17 | Feb-18 | Feb-19 | | | | |
| 8 | Feb 22 - Feb 26 | Feb-22 | Feb-23 | Feb-24 | Feb-25 | Feb-26 | | | | |
| 9 | Mar 1 - Mar 5 | Mar-1 | Mar-2 | Mar-3 | Mar-4 | Mar-5 | | | | |
| 10 | Mar 8 - Mar 12 | Mar-8 | Mar-9 | Mar-10 | Mar-11 | Mar-12 | | | | |
| 11 | Mar 15 - Mar 19 | Mar-15 | Mar-16 | Mar-17 | Mar-18 | Mar-19 | | | | |
| 12 | Mar 22 - Mar 26 | Mar-22 | Mar-23 | Mar-24 | Mar-25 | Mar-26 | | | | |
| ***NO KIDS FORCE WEEK OF SPRING BREAK*** | | | | | | | | | | |
| 13 | Apr 5 - Apr 9 | Apr-5 | Apr-6 | Apr-7 | Apr-8 | Apr-9 | | | | |
| 14 | Apr 12 - Apr 16 | Apr-12 | Apr-13 | Apr-14 | Apr-15 | Apr-16 | | | | |
| 15 | Apr 19 - Apr 23 | Apr-19 | Apr-20 | Apr-21 | Apr-22 | Apr-23 | | | | |
| 16 | Apr 26 - Apr 30 | Apr-26 | Apr-27 | Apr-28 | Apr-29 | Apr-30 | | | | |
| 17 | May 3 - May 7 | May-3 | May-4 | May-5 | May-6 | May-7 | | | | |
| 18 | May 10 - May 14 | May-10 | May-11 | May-12 | May-13 | May-14 | | | | |
| 19 | May 17 - May 21 | May-17 | May-18 | May-19 | May-20 | May-21 | | | | |
| 20 | May 24 - May 28 | May-24 | May-25 | May-26 | May-27 | May-28 | | | | |
| 21 | May 31 - Jun 4 | May-31 | Jun-1 | Jun-2 | Jun-3 | Jun-4 | | | | |
| 22 | Jun 7 - Jun 10 | Jun-7 | Jun-8 | Jun-9 | Jun-10 | Jun-11 | | | | |

Number of days per week (please circle):

3 days per week

5 days per week

Payment Information: Please fill out each line completely

Check One:

MasterCard

Visa

On Account

Check

Cash

Check One:

Paid in Full

Paid Monthly

Paid Weekly

Credit Card #

Zip Code

Expiration Date

/

Security Code

Amount \$

Cardholder's Name (Printed)

Cardholder's Signature

Registration & Payment: Payment for your first week of camp is due with your registration. Additional payments must be received before 4pm on the Thursday prior in order to attend camp the following week. Same week registration will not be accepted. No camp confirmations will be sent. Any changes to camp registration will be charged a \$10 administration fee, including cancellations. Should you wish to cancel a registration for summer camp, you must give a written statement to LifeCenter Plus, SummerCamp@LifeCenterPlus.com, ten business days prior. After this time and once a summer camp has started, there are no refunds, no exceptions. Campers are accepted on a first-come, first-served basis.

SIGNATURE:

OFFICE USE ONLY

__

EB

__

FTC

__

REF

__

SIB

Waiver of Release



We, the undersigned, agree to abide by the rules of LifeCenter Plus (hereafter known as LCP). The participant also agrees that all use of LCP facilities or outside facilities shall be undertaken at his/her sole risk, and LCP shall not be liable for any injuries to him/her, or his/her property, or be subject to any claim, demand, injury or damages resulting from acts of active or passive negligence on that part of LCP, its officers or agents. The participant for him/herself and on behalf of his/her executors, administrators and assigns, does hereby expressly forever release and discharge LCP, its successor and assigns, as well as its officers and agents, for all such claims, demands, injuries, damages, actions or cause of action. By signing this release I will be forever prevented from suing or otherwise claiming against the release for an property loss or personal injury that may be sustained while participating in or preparing for kids camp.

Participants Name _____ Date _____

Parent's Signature (adult) _____

Photo Release



We often take pictures of kids participating for display and use in our publications. In order for us to use any pictures, we need to have a signed release form from the custodial parent or guardian of the child. Pictures will not include identifying information.

I _____, hereby give permission to be photographed or to have my child photographed by a LifeCenter Plus designated photographer and to allow LifeCenter Plus to use these photos in LifeCenter Plus literature

I _____, do NOT give permission to photograph my child.

Parent's Name Printed _____ Date _____

Parent's Signature _____ Participant's Name _____

Emergency Medical Authorization



Parents are required to **complete** the emergency medical form below. This form is then given to your child's instructor and only used in case of an emergency. **One form per child.**

Child's Name _____

In the event of an emergency, please contact:

Mom _____

Dad _____

Home/Work Phone _____

Home/Work Phone _____

Cell Phone _____

Cell Phone _____

If parents cannot be reached, the following person should be contacted:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

List any health problems, medications or allergies: _____

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby consent for the administration of treatment deemed necessary by another licensed physician or the transfer of child to the nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity of surgery, are obtained prior to performance of surgery.

Parent/Guardian Signature _____ Date _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken.

Parent/Guardian Signature _____ Date _____

Authorization for Pick Up



If someone else will be picking your child up, this form must be on file with the LifeCenter Plus staff.

Participant Name: _____

Age: _____

Valid Dates: _____

Authorized Adult: _____

Relationship to Child: _____

Adult's Contact Number: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Extra Activities Form



If your child will be involved in any other activities while at Kid Force (swim lessons, etc.) please fill out this form so the LifeCenter Plus staff can get them to and/or from their activity safely.

Participant Name: _____

Age: _____

Valid Dates: _____

LifeCenter Plus Activity: _____

Time: _____ Day(s): _____

LifeCenter Plus Activity Instructor: _____

Parent/Guardian Name: _____

Parent Guardian Signature: _____

Sunscreen Permission Form



If you would like us to help your child apply sunscreen during the day, please fill out this form and return it to your camp counselor. Sunscreen **MUST** be the spray on type only and must be clearly marked with the camper's name.

NO EXCEPTIONS!

_____ Yes, LifeCenter Plus and all of the Summer Camp counselors involved have my permission to help my child reapply the sunscreen I provide.

Participants Name _____

Date _____

Parent's Signature (adult) _____