



Child's First and Last Name _____ Age _____ DOB _____

Preschool/Center _____ Room # _____

Preschool/Center Address _____

Parent/Guardian _____

Contact Information: Work # _____ Home _____

Cell # _____ E-mail _____

Monthly Fee \$ _____

Annual Registration Fee \$ _____

Total Amount \$ _____

* If you wish to enroll in our auto pay system through credit card, please contact your local Kinder Fit provider. Please note that not all Kinder Fit providers may offer this option.

Kinder Fit aims to update their marketing material including, but not limited to, brochures, website, banners, and flyers for promotional and informative purposes. Please indicate whether or not you give Kinder Fit permission to take and publish photo and video material of your child for such purposes.

Yes _____ No _____

Kinder Fit aims to incorporate activities that are not only fun, but safe for all children participating in the program. Your child's participation in Kinder Fit will take place under the auspices of their primary child care facility to increase safety and security. By signing below, you agree to allow your child to participate in Kinder Fit classes and understand the risk associated with any physical activity. Furthermore, you agree to release and discharge Kinder Fit, your child's childcare facility, and any staff and members associated with both from all claims, actions, or damage resulting from or related to your child's participation in the Kinder Fit program.

By signing below you further agree to abide by the policies as stated on the policies section of our website.

Parent/Guardian Signature

Date