

## FUN FIT is a 30 minute gross motor BEFORE school enrichment program at COJ!

Hosted by COJ!'s Music & Movement and Chapel teacher Mrs. Shannon.

Our emphasis is on FUN, age appropriate fitness. Exercise, especially before school stimulates brain growth and boosts cognitive performance in children. The more we exercise the better our brains are at reasoning, planning and staying focused.

We are excited to include DRUMS ALIVE! Drumtastic in our preschool program. DRUMS ALIVE! is a FUN brain and body wellness program that combines aerobic movements with the beat and rhythm of drums synchronized to music.

Space is limited! Register today for the 2020-2021 school year.

Questions? Contact Mrs. Shannon @ 281-814-5981







## 2020-2021 FUN FIT REGISTRATION Participant Information Participant Name: Age:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Gender:\_\_\_\_\_ Allergies and/or medical conditions:\_\_\_\_\_ COJ! Class: Parent/Guardian Information Parent/Guardian Name:\_\_\_\_\_ \_\_\_\_Phone #:\_\_\_\_ Address: **Emergency Contact Information** Emergency Contact: Emergency Contact Phone Number: Child's Family Physician (name & number):\_\_\_\_\_ **FUN FIT Class** All classes are 8:15AM-8:45AM. FUN FIT is available five days per week. • The day(s) you choose will be your child's day(s) for the entire month. We kindly ask that you commit to FUN FIT for the semester. We will follow the COJ! calendar regarding holidays, breaks & inclement weather. Classes begin Tuesday September 8, 2020 & end Friday May 14, Payment is due on the 1st of each month. Late payments will be assessed a \$15.00 late fee. Please make checks payable to: FUN FIT. There are no make-ups or refunds for missed classes. Withdrawing your child from FUN FIT requires a 7 day written notice prior to withdrawal.

2 days per week. \$55.00 monthly.

Days:\_\_\_\_\_

• I will not hold Children of Joy! Preschool, SOJ! Lutheran Church, Functional Intense Training, LLC, FUN FIT Foundation and/or their staff responsible for accidents, claims and/or damages arising from my child's

• I give the FUN FIT Foundation permission to use any photography/video of me or my child for future

Physician name and phone number:

Relationship to child:

• Signing this form indicates I have read it in its entirety and agree with the terms set forth.

\_\_\_\_\_ Date:\_\_\_\_

• I give my consent for necessary emergency treatment when my child is in the care of any emergency

• In the event I can not be reached to make emergency medical treatment for my child, I authorize the staff person in charge to take my child to the following physician or nearest emergency treatment center as

3-5 days per week \$75.00 monthly.

Days:\_\_\_\_\_

1 day per week. \$30.00 monthly.

participation in FUN FIT activities.

**Emergency and Liability Release** 

medical services, physicians and/or hospital.

Day:\_\_\_\_\_

promotional materials.

Email: \_\_\_\_\_