Lake Crystal Area Recreation Center

Fit Kids Summer Program 2025

Monday-Friday
7am-5:30pm
Grades K-5/ages 5-12
507-726-6730

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Registration:

Please complete attached forms.
These forms can be turned in at the LCARC or emailed to the Fit Kids Coordinator, Larissa Ward (lcarcfitkids@gmail.com) or mailed to:
LCARC
621 W. Nathan St.
Lake Crystal, MN 56055

You will be notified no later than **May 23rd, 2025** if your registration has been accepted. Registrations are on a first-come, first-serve basis, with priority for current and returning families. Please see below for an explanation of how registrations will be processed. If you have any questions, please feel free to contact the Fit Kids Manager at any time. If your child(ren) are accepted into the program, you will receive a Fit Kids Handbook with important information before the start of Summer Fit Kids.

General Information:

- Fit Kids will be held at the LCWM Elementary School, Monday through Friday. We will walk to the Rec Center - and various other locations around town - multiple times per week.
- Care does not continue from one session to the next, nor is care guaranteed from one session to the next. Families must register for EACH session they would like their children to attend.
- Registrations will be processed with the following priority:
    - Families currently enrolled in school year Fit Kids, and families enrolled in the previous Summer Fit Kids program, who choose 5 days per week enrollment.
    - Families currently enrolled in school year Fit Kids, and families enrolled in the previous Summer Fit Kids program, who choose 4 days per week enrollment.
    - New families who choose 5 days per week enrollment.
    - New families who choose 4 days per week enrollment.
    - Families currently enrolled in school year Fit Kids, and families enrolled in the previous Summer Fit Kids program, who choose 1-3 days/week or drop-in enrollment.
    - New families who choose 1-3 days/week or drop-in enrollment.
    - 1-3 days/week and drop-in care will only be available as registration allows. Drop-in care requires families to inquire AT LEAST one week prior to drop-in dates to ask if there is availability. Drop-in care is not guaranteed.
- Registration for current/returning families opens February 5, 2025.
- Registration for new families opens March 3, 2025.

Cost:

- Weekly program cost is based on your contracted days per week, regardless of actual attendance.
- Payments must be made by Friday of the billing week.
- A $15.00 contract change fee will be applied to your account each time your family makes a contract change. Due to registration priority for 4 and 5 day enrollments, these requests will be handled on a case by case basis. Contract changes resulting in fewer days attendance per week may result in your child being placed on the waiting list, and a family requesting 4-5 days/week receiving that spot. Please refer to the registration priority list for further explanation of enrollment.
- Any change in scheduled days requires a two-week notice to Fit Kids Coordinator. Schedule changes will be allowed based on availability. Ex: if your child normally attends Monday through Thursday, but you are requesting they attend Friday instead one week, you must request this, in writing, two weeks in advance.
- Parents/caregivers planning to withdraw their children from Fit Kids may do so at any time; however written notice must be given two weeks prior to the last date of attendance. Attendance fees will continue to be charged for two weeks from the date of notification.
- A registration fee will be added to your first statement when your child is officially registered. All registrations received before **May 10th, 2025** will receive an early-bird registration fee of $20 (family maximum of $35). All registrations received after May 10th, 2025 will be charged a fee of $30 (family maximum of $45). One-week of vacation is allowed per family, which must be used consecutively, with a minimum of a one-week notification.
- There is a late pick-up fee of $1 for every minute after 5:30pm. Five late pick-ups will result in contract termination.

Payments:

- Billing occurs every two weeks, on Monday. Payments MUST be received by that Friday to avoid a late fee. A billing schedule will be included in the Summer 2025 Handbook.
- If you are enrolled in EFT or AutoPay, you will receive an invoice, but the payment will automatically be deducted from your card/account on file at time of invoicing.
- Your balance will be provided via an emailed statement.
- If payment is not received within 3 days of the due date, a $25 late payment fee will be added to your account. (Ex: billing date is Monday, June 16th. Payment is due on Friday, June 20th. If payment has not been received by Sunday, June 22nd, you will be assessed a $25 late payment fee).
- If your payment is returned, for any reason beyond our control, your account will be assessed a $25.00 returned payment fee.
- You can pay by cash, check or credit card by taking your statement to the front desk. Please keep a copy of your receipt for proof of payment. Fit Kids staff will NOT accept payments on site.
- Credit card automatic withdrawal/EFT is also available. Please see attached form. EFT is the preferred method of payment.
- School year balances must be paid, **in full**, before your child(ren) can participate in the summer Fit Kids program.
- Upon the first late or declined payment, a reminder will be sent to parents. Upon the second missed or declined payment, your child will not be eligible to participate in the Fit Kids program until your balance has been paid in full.

Absences:

- Please notify Fit Kids if your child will not be attending Fit Kids on their scheduled day by 9am.
- You are responsible for paying the contracted amount regardless of your child's actual attendance.

Snacks and Lunches:

- We will provide two snacks per day.
- **Please help us encourage healthy habits by not sending pop and any other "junk food" items with your child.**
- **Your child will need to bring a sack lunch every day. We have access to two microwaves, but we encourage you to pack hot foods in a thermos to keep them warm until lunch. Please pack lunches with ice packs to keep food cold. (**This could change if the school district is able to offer free breakfast and lunch for all students this summer. We will update families if this happens.).

Items to Bring:

- **Gym shoes** that can stay at Fit Kids (good walking shoes).
- **Swimsuit** and towel that stay at the Rec Center (staff will wash these items at the Rec for your child).
- **Sunscreen to share** - minimum of **TWO** spray bottles per child please (SPF 30+)
- **Water bottle** that stays at Fit Kids.
- **Extra pair of clothes -** In case of accidents. Please include a sweatshirt or light jacket for cooler days.

Family Name: _____ Date Submitted: _____ (Staff only)

2025 Summer Pricing

Member - per child	
5 days/week	$140.00/week ($28.00/day)
4 days/week	$120.00/week ($30.00/day)
1-3 days/week	$35.00/day
Drop-in	$40.00/day

Non-Member - per child	
5 days/week	$150/week ($30.00/day)
4 days/week	$128.00/week ($32.00/day)
1-3 days/week	$40.00/day
Drop-in	$45.00/day

***Member pricing requires a one-year LCARC FAMILY MEMBERSHIP.**

Child 1:

Name:	
DOB:	
How many days per week is your child attending?	
Days of the week my child will attend (please circle):	**M T W Th F**
First date of attendance:	

Child 2:

Name:	
DOB:	
How many days per week is your child attending?	
Days of the week my child will attend (please circle):	**M T W Th F**
First date of attendance:	

Child 3:

Name:	
DOB:	
How many days per week is your child attending?	
Days of the week my child will attend (please circle):	**M T W Th F**
First date of attendance:	

Contact Information & Authorizations:

Parent/Guardian:_____
Address: _____
Email:_____
Cell phone #: _____
Work phone #: _____ _____Place of employment:_____

Parent/Guardian:_____
Address: _____
Email:_____
Cell phone #: _____
Work phone #: _____ _____Place of employment:_____

Authorization to Participate:

__Yes __No I give my permission for my child to participate in all trips or excursions. I understand that transportation for these trips or excursions may be by bus, car or walking.

__Yes __No I give my permission for my child to be included in evaluations, pictures and videos associated with the program. These photos may also be used on Facebook, Program Guides or newspapers.

__Yes __No I give my permission for my child to view G and PG rated movies.

If neither parent is available in an emergency, notify:

Name: _____ Name: _____
Relationship to Child: _____ Relationship to Child: _____
Phone: _____ Phone: _____

Persons authorized to pick up my child: (Must be 16 or older)

Name Relationship to Child

_____
_____
_____
_____

Is there anyone NOT authorized to pick up your child(ren)?

_____
_____

Liability Waiver: I understand that any medical expenses resulting from any illness or injury my child may incur while attending this program are my responsibility. I hereby release the LCARC and their directors, officers, board members, employees, agents, successors, and assigns from any and all claims, demands, actions or causes of action whatsoever, and from any and all liability for any and all loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me or my child's participation in any LCARC program. I further agree and consent to emergency treatment of my child by physician or hospital in the event that I cannot be reached. ***Contract must be signed by all legal Parents/Guardians.**

_____ _____
(Parent/Guardian Signature) **(Date)**

_____ _____
(Parent/Guardian Signature) **(Date)**

Fit Kids Health History/Concerns:

Please circle Yes or No for all conditions.

Health Condition			Child's Name
ADD or ADHD	Yes	No	
Allergies	Yes	No	
Asthma	Yes	No	
Diabetes	Yes	No	
Epilepsy/Seizures	Yes	No	
Heart Condition	Yes	No	
Latex Sensitivity	Yes	No	
Other			

If "Yes" to any of the above conditions, please provide more details:

_____

_____

_____

_____

If requested by Fit Kids program manager, parents/caregivers will be required to provide their student's immunization record or applicable exemption prior to the student's first date of attendance.

I attest that, to my knowledge, I have given correct answers.

Parent/Guardian's Signature:_____ Date _____

Parent/Guardian's Signature:_____ Date _____

CONSENT FORM FOR ADMINISTRATION OF MEDICATION

****Before medication can be administered by Fit Kids personnel, this form must be completed and on file****

Child's Name: _____ Birth Date: _____

****

PHYSICIAN/LICENSED PRESCRIBER ORDER

I have prescribed the following medication for this student and request it be administered by Fit Kids program personnel.

Medication: _____ Dosage: _____ Route: _____

Time/instructions to be given during program:

_____

_____

Possible side effects : _____

Diagnosis/medical reason for medication: _____ ICD 10 Code:_____

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: _____ Date: _____

PRINT NAME: _____ PHONE #: _____

CLINIC: _____

PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION:

1. I request the above medication be given to my child during Fit Kids program hours by Fit Kids personnel as ordered by the physician/licensed provider.
2. I will provide this medication in the original, properly labeled manufacturer container/packaging or pharmacy labeled container.
3. I authorize the Fit Kids program manager/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication.
4. I authorize the Fit Kids program manager/designee to communicate with appropriate Fit Kids program staff regarding this medication for my child.
5. I release Fit Kids personnel from any liability in relation to the administration of this medication during the program (administration of this medication will not be done by a nurse).
6. I have read and understand the Medication Guidelines included with this form.

PARENT/GUARDIAN SIGNATURE: _____ DATE:_____

OVER

MEDICATION GUIDELINES

The administration of medication to children shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. Medication prescribed three times per day can be given before the program, after program, and at bedtime. If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

1. Administration of prescription and non-prescription medication by program personnel must only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian.
    a. Mixed dosages in a single container will not be accepted for administration during the Fit Kids program.
    b. If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at Fit Kids.
    c. Altered forms of medication will not be accepted or administered at Fit Kids.
    d. Medical cannabis will not be administered at Fit Kids.
    e. Aspirin-containing products will not be administered at Fit Kids.
    f. Only FDA approved treatments will be provided at Fit Kids.
    g. Expired medications will not be accepted or administered by program personnel.
2. All medication (prescription and non-prescription) must be brought to and from Fit Kids by a parent/guardian in its original container. The following information must be on the prescribed container label:
    a. Child's full name
    b. Name and dosage of medication
    c. Time and directions for administration at Fit Kids program
    d. Physician/licensed prescriber's name
    e. Date (must be current)
3. A new consent form with appropriate signatures must be received annually and with any change in the dose or time of administration of the medicine.
4. When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested.
5. Medication will be kept away from children, in a secure location unless authorized by the program manager and must not be carried by the child.

INDIVIDUAL HEALTH CARE/EMERGENCY PLAN FOR CHILD WITH A MEDICAL CONDITION

Child's Name: _____ Birth Date: _____

Primary Care Provider: _____ Phone #: _____

Clinic: _____

DIAGNOSIS: _____

Parent/Guardian Signature: _____ Date: _____

1. Could this condition be life threatening? ☐ Yes ☐ No
2. What signs and/or symptoms of your child's condition should we be aware of?
   _____
   _____
3. Does your child recognize these signs and symptoms? ☐ Yes ☐No
4. List any known triggers (things that make symptoms worse:
   _____
5. Are there any special considerations or precautions regarding program activities and field trips? ☐ Yes ☐ No
   If yes, please explain: _____
6. Will your child need any treatment or medications during Fit Kids related to this condition? ☐ Yes ☐ No
   If yes, please explain: _____
   (If medication is needed, please complete Consent Form for Administration of Medication)
7. What is an emergency for your child and what should be done?
   _____
   _____
   (Standard Emergency Plan is to call 911 and notify parent/guardian)

Emergency Contacts: (list in order of who to call first)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Authorization

1. I understand that this plan may be shared with all Fit Kids staff working directly with my child.
2. I will contact the Fit Kids program manager if a change in the current plan is indicated.
3. I authorize the Fit Kids program manager/designee and health care provider to exchange information related to my child's health plan.

Parent/Guardian Signature: _____ Date: _____

CONSENT FORM FOR ADMINISTRATION OF EMERGENCY ALLERGY MEDICATION

Before medication can be administered by Fit Kids program personnel, this form must be completed and on file**

Child's Name: _____ Birth Date: _____

****

PHYSICIAN/LICENSED PRESCRIBER ORDER

Epinephrine auto-injector type: _____ Dose: _____

Instructions for giving medication: _____

Criteria for repeat dosing: _____

Possible side effects: _____

Other/Additional Directions: _____

Emergency Allergy Medication should be administered for the following type(s) of symptoms:

☐	Mouth	Itching & swelling of the lips, tongue or mouth
☐	Skin	Hives over body, widespread redness, itchy
☐	Gut	Nausea, abdominal cramps, vomiting, diarrhea
☐	Throat	Tight or hoarse throat, trouble breathing or swallowing
☐	Lungs	Shortness of breath, wheezing, repetitive cough
☐	Heart	Pale or bluish skin, weak pulse, dizziness
☐	Other	Feeling something bad is about to happen, anxiety, confusion

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE #: _____

CLINIC: _____

OVER

PARENT/GUARDIAN AUTHORIZATION

1. I request the above medication be given to my child during Fit Kids program hours by Fit Kids program staff as ordered by the physician/licensed prescriber.
2. I will provide this medication in the original, properly labeled pharmacy container.
3. I authorize the Fit Kids program manager/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, emergency plan, or side effects of this medication.
4. I authorize the Fit Kids program manager/designee to communicate with appropriate Fit Kids personnel regarding this medication and emergency care plan for my child.
5. I release Fit Kids program personnel from any liability in relation to administration of this medication during the program.
6. I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature: _____ Date: _____

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GUIDELINES FOR ADMINISTRATION OF EMERGENCY ALLERGY MEDICATION

The administration of medication to students shall be done only in exceptional circumstances wherein the student's health may be jeopardized without it.

1. Administration of Emergency Allergy Medication by Fit Kids personnel will only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian.
    a. Altered forms of medication will not be accepted or administered at Fit Kids.
    b. Medical cannabis will not be administered at Fit Kids.
    c. Aspirin-containing products will not be administered at Fit Kids.
    d. Only FDA approved treatments will be provided at Fit Kids.
    e. Expired medications will not be accepted or administered by program personnel.
2. All medication (prescription and non-prescription) must be brought to and from Fit Kids by a parent/guardian in its original container. The following information must be on the prescribed container label:
    a. Child's full name
    b. Name and dosage of medication
    c. Time and directions for administration at Fit Kids program
    d. Physician/licensed prescriber's name
    e. Date (must be current)
3. Medication will be kept away from children, in a secure location unless authorized by the program manager and must not be carried by the child.

INDIVIDUAL HEALTH PLAN/EMERGENCY CARE PLAN FOR CHILD WITH ASTHMA/REACTIVE AIRWAY DISEASE

Child's Name: _____ Birth Date: _____

1. Where does your child receive his/her Asthma/RAD care?
   Health Care Provider/Clinic _____ Phone: _____
2. How many times has your child been treated in the emergency department or hospitalized for Asthma/Rad in the past year? _____
3. What triggers your child's Asthma/Rad attacks?
   ☐ exercise ☐ weather changes ☐emotional stress
   ☐ smoke ☐ upper respiratory infections
   ☐ allergies (please list): _____
4. What are your child's usual signs and symptoms of an Asthma/RAD attack? (Please check all that apply):
   ☐ constant/frequent cough ☐ wheezing ☐ difficulty breathing/talking
   ☐ chest tightness ☐ other: _____
5. Does your child recognize these signs and symptoms? ☐ Yes ☐ No
6. What does your child do at home to relieve signs/symptoms of an asthma/RAD attack? (Please check all that apply):
   ☐ breathing exercises ☐ drinks liquid ☐ rests ☐medication
7. Please list medication taken daily at home for asthma/RAD:
   Oral: _____
   Inhaled: _____
8. Emergency Contacts (list in order of who to call first):
   Name: _____ Relationship: _____ Phone: _____
   Name: _____ Relationship: _____ Phone: _____

Fit Kids Action/Emergency Plan

1. Calm and reassure the child.
2. Give inhaler/nebulizer if available as authorized by parent/guardian and prescribed by health care provider.
3. Have the child in a sitting position, encourage slow breathing (in through nose and out through pursed lips).
4. Offer sips of water.
5. Call the parent/guardian if the child's breathing has not improved or if medication does not relieve symptoms in 15 minutes.

Call 911 and parents if symptoms are not improving with ANY of the following signs or symptoms:

- Breathing is hard and fast
- Student cannot talk or walk

- Ribs show
- Nose opens wide to breathe

Fit Kids Management Plan/Parent/Guardian Authorization

☐ No inhaler/nebulizer at program.
- Call parent if attack occurs.
- Follow Fit Kids Emergency Asthma/RAD Plan.

☐ Inhaler/nebulizer to be administered during program as ordered by physician/licensed prescriber.
- Consent for Administration of Medication form must be filled out before program personnel can accept inhaler/nebulizer.
- Child may use inhaler/nebulizer in the presence of program personnel. Program personnel to administer for child if needed.
- Follow Fit Kids Emergency Plan.

1. I understand that this plan may be shared with all program staff working directly with my child.
2. I will contact the program if a change in the current plan is needed.

Parent/Guardian Signature: _____ Date: _____

INDIVIDUAL ALLERGY HEALTH PLAN/EMERGENCY CARE PLAN

Child's Name: _____ Birth Date: _____

****

1. My child is allergic to: _____
2. Reaction occurs from: ☐ ingestion ☐ contact ☐ inhalation ☐ insect sting
3. My child has had a life threatening, anaphylactic reaction to this allergen:
   ☐ Yes ☐No
4. Does your child also have asthma?
   ☐ Yes (higher risk for severe allergic reaction) ☐ No

   Signs of an Allergic Reaction Include: (Please check symptoms most common to your child):

☐	Mouth	Itching & swelling of the lips, tongue or mouth
☐	Skin	Hives over body, widespread redness, itchy
☐	Gut	Nausea, abdominal cramps, vomiting, diarrhea
☐	Throat	Tight or hoarse throat, trouble breathing or swallowing
☐	Lungs	Shortness of breath, wheezing, repetitive cough
☐	Heart	Pale or bluish skin, weak pulse, dizziness
☐	Other	Feeling something bad is about to happen, anxiety, confusion

5. History of reaction (date of last reaction/signs & symptoms of reaction):
   _____
6. Avoidance strategies used at home: _____
7. Does your child recognize these signs and symptoms? ☐ Yes ☐ No
8. Will your child require a rescue medication to be given during program hours?
   ☐ Yes ☐ No
9. Health Care Provider Name: _____ Phone #: _____

Emergency Contacts (list in order of who to call first)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

FIT KIDS ALLERGY ACTION/EMERGENCY PLAN

If child has an epinephrine auto-injector for a bee sting, it will be given immediately if stung

1. Give prescribed medications if available. If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given (if ordered by a licensed prescriber and authorized by parent/guardian).
2. Call 911. Tell the emergency dispatcher that the person may be having anaphylaxis.
3. Lay the person flat, raise legs, and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side. Calm and reassure the child.
4. Contact parent/guardian.
5. Emergency transportation to hospital is recommended for further monitoring.

(The Consent Form for Administration of Emergency Allergy Medication for an epinephrine auto-injector must be completed and signed by the health care provider and parent)

FIT KIDS MANAGEMENT PLAN/PARENT/GUARDIAN AUTHORIZATION

☐ **No epinephrine auto-injector at program.** Follow the above Fit Kids Allergy Action/Emergency Plan.

☐ **Epinephrine auto-injector to be administered as ordered.** The epinephrine auto-injector must be properly labeled for the student.

1. I understand that this plan may be shared with all program staff working directly with my child.
2. I will contact the program if a change in the current plan is needed.
3. I will provide this medication in the original, properly labeled pharmacy container to the program site (see criteria for proper labeling on Consent Form for Administration of Emergency Allergy Medication, which MUST be provided with this form if epinephrine is to be given).

Parent/Guardian Signature: _____ Date: _____

Behavior Guidelines and Expectations for Fit Kids Participants:

It is very important for staff, and the safety of all children in our Fit Kids program, that behavior guidelines are followed. Fit Kids does not have the capacity to provide 1:1 staffing for children with behavior issues. If Fit Kids staff determine that your child does not meet the behavior guidelines, your child may be excused from our program.

If your child exhibits any of the following behaviors, you will be notified immediately:

-Use of inappropriate language

-Aggressive, abusive, disturbing or disruptive acts

-Behavior that endangers or injures other children

-Inappropriate touching or exposure

-Destruction of property - LCARC property, school property, or any property that fit kids uses throughout the summer

-Refusal to participate in scheduled activities

-Refusal to follow instructions of staff members

-Disrespect to other Fit Kids participants, instructors or staff

Two or more occurrences of the above, even if unrelated, without sustained improvement, will result in dismissal from the program. Depending on the situation, your child may be sent home from Fit Kids for the remainder of the day. If your child needs to be sent home, you will have 30 minutes to pick your child up from the program once you have been notified. Behavior guidelines are at the discretion of Fit Kids staff - and if an occurrence is deemed severe, your child will be immediately dismissed from the program. Participants may be suspended from the program for the remainder of the day, a week, or indefinitely.

Parent Signature of Acknowledgment Date

Child's Signature of Acknowledgment Date

Fit Kids Payment Options

Invoices will be emailed every other Monday to the email address we have on file for your family. Your total will automatically be charged to the account/card we have on file on the billing date if you select EFT or AutoPay. Manual payments must be paid at the LCARC Front Desk; Fit Kids staff will no longer be accepting payments on site. EFT withdrawal is the preferred method. One of the following 3 payment options MUST be selected below and completed in its entirety, regardless if your information on file is unchanged from past sessions.

Please select your payment method below:

☐ OPTION 1 - EFT automatic withdrawal (preferred method)

Financial Institution Information
ABA (Transit Routing) Number:
Checking Account Number:
Name of Financial Institution:
Name on Checking Account:

Attach voided check

By signing below, I authorize LCARC to electronically debit my bank account as listed above for all payments due to them. I certify that I am the sole owner of this bank account and have full control over it. I understand that I am fully responsible for ensuring the accuracy of my banking information and will notify LCARC immediately of any changes. I agree to pay all returned/declined payment fees as applicable.

_____ _____

Authorizing signature Date

☐ OPTION 2 - AutoPay via credit/debit card

Credit/Debit Card Information
Card Type: [ ] MasterCard [ ] VISA [ ] Discover [ ] AMEX
Cardholder Name:
Card Number:
Expiration Date (mm/yy):
Cardholder zip code:

By signing below, I authorize LCARC to charge my credit/debit card above for all payments due to them. I understand that my information will be saved on file for future transactions on my account. I agree to pay all returned/declined payment fees as applicable.

_____ _____
Authorizing signature Date

☐ OPTION 3 - Manual Payment

(Must be made via cash, check or card at the LCARC front desk. Fit Kids staff will no longer be accepting payments on site.)

Invoices will be emailed every other Monday. Invoices must be paid by Friday of the billing week. If full payment is not received within 3 days of the due date, a $25 late payment fee will be assessed to your account.

By signing below, I agree to pay LCARC for all payments due to them. I understand that if I fail to make timely payments to keep my account current, I may be required to enroll in the EFT or AutoPay option. Upon the first late payment, a reminder will be sent via email. Upon the second missed payment, I understand that my child will not be eligible to participate in the Fit Kids program until my balance has been paid in full.

_____ _____
Signature Date