Summer 2019 Sandlot/Aqua Kids Child Information Sheet

Child's Name:	Age:	Date of Birth:
Parent's Names:		
Height:		
Hair Color:		
Home Phone:	Cell Phone:	
Work Phone:		
Does your child have any allerg		
Does your child have any other medica	al conditions that would restrict his/	/her activity?
Please explain:		-
REFERRED BY:		
Sandlo	t/Aqua Kids Parent Agreem	ent
l,	, agree to the	following conditions of the
Sandlot / Aqua Kids Program:		
* Parents must remain at The Works for	or the entire class time (Mornings, s	9:00-11:00 AM)
* Payment must be made prior to the s	tart of class.	
Members-\$7/visit or \$60.00/10 visit	punch card. Non-members \$8/vis	it or \$70/10 visit punch card.
Please purchase at the service des	k. Give receipt to program staff at	drop off.
* Reservations can be made in advance	e for the entire summer Spaces a	re available on a first
come, first serve basis. You must reserve	rve your child's spot in advance, a	s this will allow us to
have the correct number of staff memb	ers for that day. Reservations can	be made with the
Sandlot / Aqua Kids teacher or by callin	ng the Play Hut (603-742-2163 x72	21).
* Children must be promptly picked up	at the end of class time - 11:00 AM	И.
* Please call the Play Hut by 8 PM the	evening prior to cancel if your ch	ild will not be able to attend
on a scheduled day or the above charge	ges will apply.	
* Please be sure to label your child's si	nacks, have your child wear swims	suits and shoes appropriate
for outdoor play! Please make sure to	pack extra water bottle & a towel.	Sunscreen should be applied
before coming to class.		
Parent's Signature		Date