

KIDSPLAY® REGISTRATION Please Print Clearly

Date _____ Employee _____

NAME

(Last, First, Middle Initial)

CHILD'S NAME (Last, First, Middle Initial)		M or F	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle Initial)		M or F	DATE OF BIRTH
CHILD'S NAME (Last, First, Middle Initial)		M or F	DATE OF BIRTH
FATHER'S NAME (Last, First, Middle Initial)		HOME TEL.#	
MOTHER'S NAME (Last, First, Middle Initial)		HOME TEL.#	
ADDRESS	CITY	STATE	ZIP CODE
MOTHER'S EMPLOYER, ADDRESS		MOTHER'S WORK PHONE	
FATHER'S EMPLOYER, ADDRESS		FATHER'S WORK PHONE	
IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CALL			
NAME	ADDRESS	TEL. #	RELATIONSHIP
NAME	ADDRESS	TEL.#	RELATIONSHIP
PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD			
NAME	ADDRESS	TEL.#	RELATIONSHIP
NAME	ADDRESS	TEL.#	RELATIONSHIP
IS A SPECIFIC PERSON NOT AUTHORIZED TO PICK UP CHILD?			
CHILD'S DOCTOR OR CLINIC	ADDRESS	TEL. #	
CHILD'S DENTIST	ADDRESS	TEL.#	
ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> Yes <input type="checkbox"/> No ANY ALLERGIES OR SERIOUS MEDICAL PROBLEMS?		SOCIAL SECURITY NUMBER	
		DRIVER'S LICENSE NUMBER	
HOW DID YOU FIND OUT ABOUT KIDSPLAY? <input type="checkbox"/> newspaper <input type="checkbox"/> drove by <input type="checkbox"/> yellow pages <input type="checkbox"/> friend <input type="checkbox"/> flyer <input type="checkbox"/> other _____ <input type="checkbox"/> my child's school		E-MAIL ADDRESS	

Please turn page over and complete the back side.

I have received a copy of KIDSPLAY's policies pertaining to admission, care and discharge of children. I understand my child may not be accepted for care when ill, and that communication will be ongoing between myself and KIDSPLAY regarding my child's development, behavior and needs. I understand a copy of Licensing Rules for Child Day Care Centers in Missouri is available at KIDSPLAY for review.

PARENT'S SIGNATURE _____ DATE _____

I understand that KIDSPLAY will make all reasonable efforts to provide for the safety and well being of my child. However, I also understand that in the normal course of a child's activity, it is possible that he or she may become injured. In the event that my child receives injuries while on the premises of KIDSPLAY through no fault on the part of KIDSPLAY, its agents or employees, I hereby release KIDSPLAY, its agents and employees from all liability for such injuries and agree to defend and indemnify KIDSPLAY, its agents and employees from all such liability and all costs and expenses relative to such liability.

PARENT'S SIGNATURE _____ DATE _____

If it is necessary to turn my account over to collections I understand I will be charged the collection fee. A \$35 reinstatement fee will also be required for my child to return to KIDSPLAY.

PARENT'S SIGNATURE _____ DATE _____

I understand if my child is picked up more than five minutes after closing time I will be charged a late fee of \$1.00 per minute. If my child has been left at KIDSPLAY for more than one hour past closing time, and the emergency numbers I have provided cannot be reached, I understand the local police will be notified.

PARENT'S SIGNATURE _____ DATE _____

I give permission to KIDSPLAY to make whatever emergency (e.g. first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child while under the supervision of KIDSPLAY. I give KIDSPLAY permission to administer syrup of Ipecac if instructed to do so by the Poison Control Center. If my child is in diapers, I give KIDSPLAY permission to use commercial diaper wipes when changing my child.

In the case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be treated and transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

PARENT'S SIGNATURE _____ DATE _____

NAME

(Last, First, Middle Initial)