WWW.THECHILDRENSPLAYROOM.NET

REGISTRATION FORM

IF YOU HAVE MORE THAN ONE CHILD, THERE IS NO NEED TO FILL OUT THE "PARENT/GUARDIAN INFO" MORE THAN ONCE. JUST COMPLETE THE "CHILD INFORMATION" PORTION FOR EACH ADDITIONAL CHILD. PLEASE PRINT.

REGISTRATION DATE: _____

CHILD INFORMATION

CHILD'S NAME:_____ GENDER: MALE / FEMALE

HOME PHONE: ( )_____ BIRTHDAY MONTH/DAY/YEAR):_____/_____/_____

CHILD'S ADDRESS:_____

CITY_____ STATE_____ ZIP _____

FOOD OR MEDICINE ALLERGY? IF YES, PLEASE EXPLAIN:_____

_____

TAKE MEDICATIONS? IF YES, PLEASE EXPLAIN:_____

_____

ASTHMA? IF YES, PLEASE EXPLAIN: _____

_____

SPECIAL NEEDS OR ANYTHING ELSE THAT OUR STAFF SHOULD BE AWARE OF?_____

_____

_____

PARENT/GUARDIAN INFORMATION

MOTHER (OR GUARDIAN) (FIRST AND LAST NAME):_____

EMPLOYER:_____

WORK ADDRESS:_____ WORK PHONE:_____

CELL PHONE:_____ HOME PHONE:_____

BEST NUMBER TO REACH YOU (PLEASE CIRCLE ONE): HOME WORK CELL

EMAIL ADDRESS:_____

FATHER (OR GUARDIAN) (FIRST AND LAST NAME):_____

EMPLOYER:_____

WORK ADDRESS:_____ WORK PHONE:_____

CELL PHONE:_____ HOME PHONE:_____

BEST NUMBER TO REACH YOU (PLEASE CIRCLE ONE): HOME WORK CELL

EMAIL ADDRESS:_____

EMERGENCY INFORMATION

IN THE EVENT OF AN EMERGENCY AND I AM UNABLE TO BE REACHED, I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD/CHILDREN OR BE CONTACTED FOR INFORMATION:

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER(S)

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER(S)

EMERGENCY MEDICAL CONTACTS: IN THE EVENT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF ILLNESS OR ACCIDENT, I AUTHORIZE THE CHILDREN'S PLAYROOM TO HAVE MY CHILD TRANSPORTED TO:

_____

NAME OF PHYSICIAN OFFICE ADDRESS PHONE NUMBER

_____

NAME OF HOSPITAL ADDRESS PHONE NUMBER

CONSENT FOR MEDICAL TREATMENT: I GIVE CONSENT FOR THE CHILDREN'S PLAYROOM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD. I CERTIFY MY CHILD IS IN EXCELLENT HEALTH AND PHYSICAL CONDITION AND HAS NO MEDICAL PSYCHOLOGICAL, PHYSICAL, OR MENTAL CONDITION WHICH HAS NOT BEEN DISCLOSED TO THE CHILDREN'S PLAYROOM ON THE REGISTRATION FORM.

_____

PARENT SIGNATURE DATE

I AUTHORIZE THE CHILDREN'S PLAYROOM TO RELEASE MY CHILD TO LEAVE THE FACILITY WITH THE FOLLOWING PERSONS **ONLY**:

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER

_____

NAME RELATIONSHIP TO CHILD PHONE NUMBER

ANYONE PICKING UP MY CHILD MUST USE THE FOLLOWING CODE WORD:_____
WE WILL ONLY ALLOW YOUR CHILD TO LEAVE WITH SOMEONE OTHER THAN YOURSELF IF THE CENTER HAS BEEN NOTIFIED BY YOU AHEAD OF TIME.

SIBLING INFORMATION

NAME BIRTHDAY REGISTERED(Y/N)

1. _____
2. _____
3. _____
4. _____

PARENT AGREEMENT

I, on behalf of myself, my spouse, and my child designated on the registration form hereby waive and release all rights, causes of action and claims against The Children's Playroom, a Colorado Corporation, its Officers, Directors, Agents, and Employees, for any loss, expense, damage or injury suffered by my child during the time my child is visiting The Children's Playroom, including the possible negligence of The Children's Playroom, but excluding gross negligence and intentional misconduct. I understand that the provision of childcare contains risk of injury to persons and damage to property, and that by signing this release I engage The Children's Playroom to provide temporary childcare of my children at my own risk. I have been given an opportunity to inspect the premises of The Children's Playroom and found that it is safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of The Children's Playroom and this Release. By signing this Release, I have not relied on any promises or statements made by The Children's Playroom or its employees other than those contained in written information supplied to me by The Children's Playroom. I understand this Release will be kept on file at The Children's Playroom and will continue in effect for this any future visits my child may make to The Children's Playroom.

I have read the above carefully and full understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release. I have read and understand The Children's Playroom parent handbook and will abide by all guidelines and rules.

_____

PARENT SIGNATURE DATE

WWW.THECHILDRENSPLAYROOM.NET

STATEMENT OF HEALTH
TO BE COMPLETED BY
AUTHORIZED MEDICAL PERSONNEL

_____ , WHOSE DATE OF BIRTH IS_____, HAS BEEN REGISTERED WITH THE CHILDREN'S PLAYROOM, A DROP-IN CHILDCARE FACILITY. IN OUR FACILITY, THERE IS BOTH QUIET TIME AND TIMES OF RIGOROUS PLAY. THERE MAY BE UP TO 29 CHILDREN AT A TIME IN OUR CENTER.

IN YOUR OPINION, IS THIS CHILD PHYSICALLY AND EMOTIONALLY ABLE TO PARTICIPATE IN THIS TYPE OF SETTING?_____

DOES THIS CHILD HAVE ANY SPECIAL NEEDS, REQUIRE MEDICATION ADMINISTRATION, OR HAVE ANY PHYSICAL CONDITION WHICH MAY NEED TO BE TAKEN INTO CONSIDERATION WHILE IN OUR CARE? IF YES, PLEASE EXPLAIN:_____

_____

_____

_____

_____

DATE OF MOST RECENT MEDICAL EXAMINATION:_____

PHYSICIAN'S SIGNATURE:_____ DATE:_____

PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD, SIGNED OR STAMPED BY A PHYSICIAN OR AUTHORIZED HEALTHCARE PERSONNEL.