

Baby Works Registration form
"Loving your most precious possession" 1/17



1 Child's Last name _____ First _____ Nickname _____

2 Child's Last name _____ First _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Home Phone number _____

Mother's name _____ SS# _____

Home address (if different from above) _____

Employer _____ Occupation _____ Work
address _____ Work number _____ Cell _____

Email address _____

Father's name _____ SS# _____

Home address (if different from above) _____

Employer: _____ Occupation _____ Work
address _____ Work number _____ Cell _____

Email address _____

1 Child's Birthday Month _____ Day _____ Year _____

2 Child's Birthday Month _____ Day _____ Year _____

Emergency contact _____ Phone# _____ Relationship _____

Above person called if parents cannot be reached.

Parents are responsible for all emergency medical treatments

Insurance Company _____ Policy Number _____

Any Allergies _____

Special Requests _____

Any Illness or unusual condition _____

Other Childcare Centers attended in Casper _____

Child's Physician _____ Phone# _____

Daily Care Hours

Monday From _____ To _____

Tuesday From _____ To _____

Wednesday From _____ To _____

Thursday From _____ To _____

Friday From _____ To _____

Only the following person(s) may remove my child (ren) from Baby Works without previous notice

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Waiver: I hereby agree to waive any liability for Kids Works LLC/Baby Works, in case of an accident, incident, or occurrence which happens while my child is at Kids Works LLC/ Baby Works or is on the premises of Baby Works. I also agree to allow any supervisor at Kids Works LLC/ Baby Works to administer emergency medical care or to admit my child to see a doctor or go to the hospital in case of emergency.

At Baby Works our primary concern is for the safety of our most important assets, our customers. We will do everything in our power to prevent accident or injury to our customers. Unfortunately, accidents do happen no matter how closely the children are supervised. Baby Works accepts no financial or legal responsibility.

I do hereby forever release and discharge Kids Works LLC/Baby Works from any claims, demands, injuries, damages, actions or causes of action and from all acts of active or passive negligence on the part of such company, corporation, LLC, its servants, agents or employees.

Payment: **I agree to pay for services provided for my child (ren) at time of service.** I also agree to pay all costs for collections and reasonable attorney's fees, in case the account goes to collection. If you intend to discontinue our services for P/T, M/T or F/T childcare, written notice must be given two weeks prior.

Tax statements and EIN # are available at the end of the year when account balances are paid in full.

Parent signature _____ Date _____

Parent signature _____ Date _____

Current Financial Institution _____

I understand that two weeks of full time tuition will be billed to my account if I fail to give the Director two weeks written notice _____

I received, understand and will abide by the Policy Statement. Payment for private pay child care shall be made at the time of the service, or for those using part, mid or full time care, payments need to be made each Monday or on the first day of attendance that week. You may choose to pay bi-weekly or monthly if paid in advance. Payments for clients who receive DFS assistance are required to pay the co-pay for the week one week in advance. If payment for private or DFS assistance is not paid in advance or the day of childcare services start for the week, an additional 10% will be added to the weeks tuition and after 5 days of non payment, services will be terminated until payment is made _____

I give permission to use antibiotic cream, including Neosporin, AD ointment, Destin, or other diaper rash cream, Infant Ibuprofen (\$1.25 per dose), sunscreen (.50 cents per day drop in rate) if needed. _____

I have enrolled my child (ren) in Baby Works childcare, Part, Mid, Full Time Care, and understand that there will be a minimum charge of Part-time per week. _____

I understand that Baby Works uses safe sleep practices for infants up to 1 year old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). The staff and substitute staff at Baby Works follow the AAP safe sleep policy. Children will be placed only on their backs every time they sleep.

I give permission for my child (ren) to go on walks in a stroller around our facility. _____

I give permission for my child to have their pacifier while at Baby Works _____

My child's Immunization records will be turned in by the end of the first week of attendance _____

I give permission for Kids Works LLC/Baby Works to photograph my child(ren) and use them outside our facility including our Facebook page, and promotional advertising. _____