



Kids Works Registration Form

"Kids Works is fun and a parent's work is done"

1. Child's Last Name _____ First _____ Nickname _____

Child's Birthdate Month _____ Day _____ Year _____

2. Child's Last Name _____ First _____ Nickname _____

Child's Birthdate Month _____ Day _____ Year _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ email address _____

Mother's Name _____ Social Security# _____

Home address if different than above _____ ok to pick up _____

Employer _____ Occupation _____

Address of employer _____ Work # _____ Cell# _____

Father's Name _____ Social Security# _____

Home address if different than above _____ ok to pick up _____

Employer _____ Occupation _____

Address of employer _____ Work # _____ Cell# _____

Emergency contact _____ Phone# _____ Relationship to child _____. Only called if parents can't be reached.

Parents are responsible for all emergency treatments.

Insurance Company _____ Policy number _____

Any Allergies _____

Any Fears _____

Any Food Dislikes _____

Special Requests _____

Any illnesses, disabilities, or unusual conditions

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Daily Care Hours:	<u>From</u>	<u>To</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Only The following person(s) may remove my child(ren) from Kids Works LLC without previous notice.

Relationship to child _____

Name _____ Phone# _____

Relationship to child _____

Name _____ Phone# _____

I have enrolled my child(ren) in Kids Works Pre-School, Part, Mid, or Full time. I understand that there will be a minimum charge each week of Part time. _____

I have enrolled my child(ren) in the 4 Day Preschool Monday-Thursday, from 8:30am-11:30am. I realize this is held during the school year only. _____

I give permission for my child (ren) to go in a stroller, or walking field trips for children 3 years of age or older to El-Marko Bowling Lanes, or surrounding parks. _____

I will have my child's Immunization Records/Religious or Medical Exemption Records turned into Kids Works in the first week in attendance. _____

I give permission to use antibiotic cream, including Neosporin, A&D ointment, Destin, or other diaper rash cream, Children's Tylenol, Motrin, (\$2.00 per dose if Kids Works provides) and sunscreen if needed. _____

I give permission for Kids Works LLC to photograph my child (ren) and use them outside of our facility, including Facebook, our Kids Works Website or other promotional advertising.

Waiver: I hereby agree to waive any liability for Kids Works LLC, in case of an accident, incident, or occurrence which happens while my child is attending Kids Works LLC or is on the premises of Kids Works. I also agree to allow any CPR and First Aid certified employee at Kids Works to administer emergency medical care or to admit my child to see a doctor or go to the hospital in case of emergency if a parent can not be reached.

At Kids Works LLC our primary concern is for the safety of our most important assets, our customers. We will do everything in our power to prevent an accident or injury to our customers. Unfortunately, accidents do happen no matter how closely children are supervised. Kids Works has play at your own risk policy and accepts no financial or legal responsibility.

I do hereby forever release and discharge Kids Works from any claims, demands, injury 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) on the first day of the week they attend. Keeping a credit card on file makes payment at time of service seamless. I hereby give permission to run my credit card for the amount due. _____

I also agree to pay all costs for collections and reasonable attorney's fees in the event the account goes to collection. If you intend to discontinue Kids Works childcare or Preschool services; a written two- week notice must accompanied with payment for the last two weeks of tuition.

I have received, understand and will abide by the Policy Statement provided.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

