



Kids Works Registration Form 1/17

"Kids Works is fun and a parents work is done"

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 _____

Called if parents can not be reached.

Parents are responsible for all emergency medical treatments

Insurance Company _____ Policy Number _____

Any Allergies _____

Any Fears _____

Any Food Dislikes _____

Special Requests _____

Any Illness or unusual condition _____

Other Childcare Centers attended in Casper_____

Child's Physician_____ Phone#_____

Child's Dentist_____ Phone#_____

Daily Care Hours

Monday From_____ To_____

Tuesday From_____ To_____

Wednesday From_____ To_____

Thursday From_____ To_____

Friday From_____ To_____

Saturday From_____ To_____

Only the following person(s) may remove my child (ren) from Kids Works LLC 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, in case of an accident, incident, or occurrence which happens while my child is playing at Kids Works or is on the premises of Kids Works. I also agree to allow any supervisor 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

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 accident or injury to our customers. Unfortunately, accidents do happen no matter how closely the children are supervised. Kids Works has a 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, 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/preschool, 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, Children's Tylenol (\$1.25 per dose), sunscreen (.50 cents per day drop in rate) if needed._____

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

I give permission for my child (ren) 3 years or older to go on walking field trips, El-Marko Bowling Lane, and surrounding parks._____

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

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