



Kids Works Registration Form 8/09

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

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 _____

Father's name _____ SS# _____
Home address (if different from above) _____
Employer: _____ Occupation _____
Work address _____ Work number _____ Cell _____

Child's Birthday Month _____ Day _____ Year _____

Emergency contact _____ Phone# _____ Relationship _____
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 Days _____ 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 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, written notice must be given. Two weeks of tuition will be billed to your account if you fail to give written notice _____

Parent signature _____ Date _____

Parent signature _____ Date _____

I received a copy of the Policy Statement and will abide by all policies in statement. _____

I give permission to use antibiotic cream, including Neosporin, AD ointment, Destin, Children's Tylenol if needed. _____

I have enrolled my child (ren) in Kids Works Pre-school, Summer Program, Part, Mid, or Full Time Care and understand that there will be a minimum charge of \$90.00 per week. _____

I give my permission to administer Rocky Mountain Sunscreen as needed _____ A fee of .50 per day will be charged. _____

I give permission to my child (ren) on walking field trips, El-Marko Bowling Lanes, and surrounding parks. _____

At Kids Works we love your kids!

