



Enrollment Form

Please print this form, fill out all appropriate entries and sign it before visiting our nearest center. Thank You.

Children's Information

Lastname	Firstname	DOB	Male	Female	School Child Attends?	Specify Needs/Allergies?		
						Yes	Explain	No
			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

Parent's Information

Children live with?	<input type="radio"/> Father	<input type="radio"/> Mother
Lastname		
Firstname		
Address		
City		
State		
Zip		
Phone #		
Cell Phone #		
Workplace		
Work Address		
Work City		
Work State		

Work Zip		
Work Phone #		

Doctor's Information

Name:	Phone #:
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Emergency Contacts / Authorized Release Persons- Names & Addresses

Name		
Address		
City		
State		
Zip		
Phone #		

*My child/ren may be released to custodial parents, persons listed above or I authorize the center to obtain emergency medical treatment in case of an emergency. I understand that I am responsible for all charges incurred.

*** I have received a copy of Kids' Stay 'N Play Policies. I have read the entirety of this form and agree to abide by all policies.**

- I have checked the times my child will usually be eating at the Center:
 Breakfast A.M Snack Lunch P.M Snack Dinner Evenig Snack
- I understand that Kids' Stay 'N Play does not accept ill children. Parents will be notified if their child becomes ill or injured. I understand that Kids' Stay 'N Play will make all reasonable efforts to provide for the safety of my child. I also understand that in the normal course of a child's activity it is possible that he or she may become injured. In the event my child becomes injured while at the center through no fault of Kids' Stay 'N Play, it's agents, or employees, I agree to release and indemnify Kids' Stay 'N Play, it's agents and employees from liability.
- I AGREE TO KEEP THE CENTER INFORMED OF CHANGES IN PERSONAL INFORMATION THROUGH THE YEAR.
- My child(ren) is up to date on immunizations required. I will provide immunization records within 30 days.
- I have listed any allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit my child's participation in the center's programs and activities in the space provided on the front of this form.
- I have listed any special procedures to be followed in caring for my child, including any special services which the center agrees to provide to a child with special needs.
- I understand that the center will only dispense medication in the original bottle with my child's prescription and name on the bottle. The Authorization for Medication form must be completed by you in order for the Center to administer prescribed medicine.
- I understand that when I, or persons authorized, to pick up or drop off my child/ren, that they will not be permitted to enter or exit without an escort. A photo I.D. is required at pickup in order for a child to be released. Failure may result in termination of services.
- I UNDERSTAND THAT INFANT RESERVATIONS ARE REQUIRED WITH A MINIMUM 2 HOUR PRE-PAID RESERVATION. CANCELLATIONS LESS THAN 4 HOURS IN ADVANCE ARE NON-REFUNDABLE, AS WELL AS NO SHOWS.
- Should I choose to make a phone reservation with the use of a credit card, I authorize Kids' Stay 'N Play to charge my account.
- I understand cancellations less than 48 hours in advance are non-refundable.
- Photographs of the above named child (ren) may be used for promotional use.

Your Signature: _____	Supervisor Signature: _____	Date: _____
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