



Registration Form

Date _____
 Registration paid by Cash/Charge

If we can't read it, we can't enter it. **Please** print neatly!

Guardians

Circle Relationship: Parent Grandparent Step-Parent Foster Parent Relative Friend

1 First Name _____ Last Name _____ Home(____) _____
 Address _____ Apt # _____ Cell (____) _____
 City _____ State ____ Zip _____ Driver 's License _____ State _____ Work (____) _____
 Email to receive coupons and announcements. (Emails will not be shared.) _____
 In lieu of picture identification at time of pick-up, please give us a password _____

2 First Name _____ Last Name _____ Home(____) _____
 Address if different _____ Apt # _____ Cell (____) _____
 City _____ State ____ Zip _____ Driver 's License _____ State _____ Work (____) _____
 Children's Doctor Name/Phone _____ (____) _____
 Children's Dentist Name/Phone _____ (____) _____

Emergency Contacts

Must list at least one contact other than parents as an Emergency Contact.

1 First Name _____ Last Name _____ Home(____) _____
 Address _____ Apt # _____ Cell (____) _____
 City _____ State ____ Zip _____ Driver License # _____ State _____ Work (____) _____
 Circle Relationship: Parent Grandparent Step-Parent Foster Parent Relative Friend

2 First Name _____ Last Name _____ Home(____) _____
 Address _____ Apt # _____ Cell (____) _____
 City _____ State ____ Zip _____ Driver License # _____ State _____ Work (____) _____
 Circle Relationship: Parent Grandparent Step-Parent Foster Parent Relative Friend

People Authorized for Pick-up

1 _____ 2 _____
 3 _____ 4 _____

Children

Enter names as you would like them to appear on their name tags - nicknames are fine.

First Name						
Last Name						
Sex	Boy	Girl	Boy	Girl	Boy	Girl
Birth Date						
Hygiene	Diapers	Remind	Trained	Diapers	Remind	Trained
1. Food allergies or restrictions?	Yes	No		Yes	No	Yes No
2. Medicine allergies?	Yes	No		Yes	No	Yes No
3. Insect bite allergies?	Yes	No		Yes	No	Yes No
4. Other allergies?	Yes	No		Yes	No	Yes No
5. Takes medications?	Yes	No		Yes	No	Yes No
6. Asthma?	Yes	No		Yes	No	Yes No
7. Hearing/vision problems?	Yes	No		Yes	No	Yes No
8. Past health problems?	Yes	No		Yes	No	Yes No
9. Activity restrictions?	Yes	No		Yes	No	Yes No
10. Special routines	Yes	No		Yes	No	Yes No
11. Usually takes a nap?	Yes	No		Yes	No	Yes No

Explain any Yes answers. List by child's name and question number.

Signature _____ Date _____

Registration will remain active unless there are no visits for 12 months.

KIDSPARK

ADMISSION FORM AGREEMENT

On behalf of myself, my spouse, and each child designated (my "Child") I enter into this Admission Form Agreement ("Agreement") with DropZone, a California Limited Liability Corporation, an independently owned and operated franchisee of KidsPark, Inc., a California Corporation (a "Franchisor"), regarding the provision of a supervised, indoor play environment for my Child(ren) * _____ . In this Agreement "KidsPark" refers to KidsPark, Inc. the Franchisor, and all of its franchisees as "KidsPark" since all centers offer visit reciprocity so you can attend any center as long as your registration is active (you have visited at least one time during each 12 month period starting from your original enrollment date).

1. **Facility Use:** Subject to this Agreement and other terms as drop-in, short-term child care for my Child on a flexible time basis which includes use of facilities and participation in art and play activities. Our center does not take field trips, provide transportation, or employ Community Resource Services.
2. **Future Visits:** This Agreement, the Registration Form and the Release will be kept on file at the KidsPark center where you originally registered. It will continue to constitute binding obligations for any future visits my Child may make to KidsPark or any location of Franchisor or other franchisees. However, this Agreement does not obligate KidsPark to continue to provide services, and KidsPark reserves the right to refuse admission to any child for any reason without liability.
3. **Payment:** Payment for KidsPark services will be due at the time of each check-out in cash, charge or debit card in the amount calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visit, and for posted amounts for other services; such as, family registration fee, meals and retail items. KidsPark may charge a service fee for any unpaid invoices. No refunds are given. Any changes in fees will be posted for at least 30 days.
4. **Health Policies:**
 - a) **Health:** My Child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to KidsPark on the attached Registration Form. My Child does not have any infectious, contagious or communicable diseases. I understand immunizations and tuberculosis testing verification is not required for attendance at a drop-in center.
 - b) **Illness:** In the event my Child becomes sick with a contagious illness after visiting any KidsPark location during the gestation period of such illness, I agree to notify KidsPark as soon as possible to enable KidsPark, in its discretion, to notify each family of all the children who may have been exposed.
5. **Medical Procedures:**
 - a) **General Medical Guidelines/Discretion:** Although KidsPark tries to provide a safe environment it is possible my child could get injured. In such event, I authorize KidsPark to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand KidsPark shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise.
 - b) **Medical Authorization:** In the event KidsPark determines emergency medical attention is necessary for my Child, KidsPark is authorized by me or whoever signs my child in for that day, (Authorized Representative"), to act as an agent for me and to give my permission for my Child to be attended by a physician in such circumstances as KidsPark deems necessary.
6. **Safety/Indemnity:** I agree that KidsPark may take action which it considers prudent to protect the safety of my Child, and other children visiting KidsPark. I further agree to indemnify, defend and hold KidsPark (and its owners, officers, directors, agents and employees) and its franchises (and their owners, officers, directors, agents and employees) harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my Child or resulting from any inaccuracy or omission made by me in completing the Registration Form.
7. **State of California Licensing Requirements** (Title 22 Section 101195 (b) and (c)): The Department or licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent; and to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the children.
8. **Additional Requirements:**
 - a) As a condition to my use of the services, I have accurately completed and signed the Registration Form and Release. I understand that KidsPark will rely on this information in caring for my Child.
 - b) I agree to pay all cost and attorney fees arising out of any action relating to this Agreement, the Registration Form or the Release for collection purposes or otherwise.

I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Date Signature of Parent/Legal Guardian Date Signature of KidsPark Authorized Representative

RELEASE

KidsPark, as a State of California licensed Child Care Facility, provides a fun and safe environment for children. However, in any child care program, injuries may occur. In order for KidsPark to be able to provide hourly child care services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, KidsPark is requesting that you sign this release.

1. I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against KidsPark, Inc., a California corporation, its franchises, and their respective officers, directors, agents, and employees, for any and all loss of or damage to property or injuries suffered by my Child during the time my Child is visiting a KidsPark center, including the possible negligence of KidsPark or its franchises, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release I engage KidsPark to provide temporary child care for my Child at my own risk. I represent that I am authorized to sign this release on behalf of the child(ren) listed.
2. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of KidsPark and the Release, including, but not limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by KidsPark other than those contained in the written information supplied to me by KidsPark.
3. I understand that this Release will be kept on file at KidsPark and will continue in effect for this and any future visits my Child may make to any KidsPark location.

I HAVE READ THE ABOVE CAREFULLY AND FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Date Signature of Parent/Legal Guardian

PARENT RIGHTS AND PERSONAL RIGHTS

This acknowledges that I/we, the parents of _____ have read and/or received a copy of the "Parent Rights" and "Personal Rights" forms from the licensee or authorized representative of KidsPark.

Date Signature of Parent/Legal Guardian

How did you hear about KidsPark? Please check all that apply.

Fees

<input type="checkbox"/> Parent Magazine	<input type="checkbox"/> Web Site – which one?	One Child \$ 7.95 an hour* Two Siblings \$12.50 an hour*	There is a 30-minute minimum charge. We accept cash, Visa, MasterCard and debit.
<input type="checkbox"/> Referred by Friends	<input type="checkbox"/> Direct Mail	Additional Siblings \$ 3.00 each an hour* * Visits are calculated to the minute.	Payment is expected at the end of each visit. A \$25 service fee is added to all unpaid
<input type="checkbox"/> Drove By	<input type="checkbox"/> Sesame Street PBS	Meals \$ 3.25 Family Registration \$25.00	balances. There is a \$1 per minute late fee after closing.