

Print our Registration Packet and bring it with you already filled out.

Your registration remains active for 12 months from your last visit date. After that, it is deleted and you need to re-activate. Your registration is valid at all KidsPark locations across the country.

We require:

- Family information
- 2 emergency contacts with their address and phone numbers
- Specific information about your child's health

Please note:

- Print neatly
- All fields with an * are required
- If your young child looks younger than the center's minimum age, please bring proof of age (birth certificate, immunization record or anything with a birth date)

We look forward to your first visit!





Jump Into The FUN!

Are you ready?

KidsPark is a licensed, group play environment. Accordingly, we must follow State Childcare rules and regulations.

For all children to have a fun and safe experience, children must be able to:

- Play and stay in a group of children (we are unable to provide 1 child: 1 teacher care)
- Respect other children's personal spaces
- Keep their hands to themselves
- Use toys appropriately for play (not to endanger themselves or others)
- Listen and be respectful to all children and teachers
- Be able to calmly enter the play area on their own

Children who are unable to commit to these behaviors are asked to be picked up immediately. They may be invited to try again:

- at less busy times
- at pre-arranged times
- when children have matured

KidsPark and our teachers work very hard to accomodate all families and children. We are sensitive to both the children's and parents' needs. We hope we can work together to provide the best environment for all children in the center,

My child is ready to play!

Signature

Date

4. Immunization Information

I attest that immunizations are current or are in progress for my child(ren). I attest, under penalty of perjury, that to the best of my knowledge, the information is true and correct:

Print the First and Last Name of the person completing this section of the form:

First

Last

Relationship to the Child/Youth:

Signature of person completing this section of the form:

Date Signed

5. Child Emergency Information

Doctor's Name

Doctor's Address:

Doctor's Tel #:

Dentist's Name

Dentist's Address

Dentist's Tel #

Hospital preference in the event of emergency:

Or closest hospital (Circle choice) **Yes** **No**

Signature (required)

Date

