

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!**





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## ADMISSION FORM AGREEMENT

On behalf of myself, my spouse, and each child designated (my "Child") I enter into this Admission Form Agreement ("Agreement") with C & C Playpark LLC, an Arizona 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) \* [REDACTED]. 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).

- 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.
- 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.
- 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.
- Health Policies:**
  - Health:** My Child is in excellent health and physical condition and has no medical, psychological, physical or mental condition that has not been disclosed to KidsPark on the attached Registration Form. My Child does not have any infectious, contagious or communicable diseases.
  - 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.
- Medical Procedures:**
  - 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.
  - 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.
- 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.
- State of Arizona Licensing Requirements** 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.
- Additional Requirements:**
  - 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.
  - 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 \_\_\_\_\_ KidsPark Representative \_\_\_\_\_

## RELEASE

KidsPark, as a State of Arizona licensed Child Care Facility, provides a fun and safe environment for children. However, in any childcare program, injuries may occur. In order for KidsPark to be able to provide hourly childcare 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.

- 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, C&C Playpark LLC dba KidsPark, 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.
- 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.
- 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 [REDACTED] have read and/or received a copy of the "Parent Handbook" from the licensee or authorized representative of KidsPark.

Date \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

## PHOTO RELEASE

I, the undersigned, hereby authorizes KidsPark to use without limitation as to time, method or reproduction, photographs produced from my child(ren)'s participation in activities at KidsPark for publications, exhibits, promotions, KidsPark web pages and other family marketing media approved by KidsPark.

Date \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Google             | <input type="checkbox"/> Other KidsPark Center                    | <input type="checkbox"/> Blog (which one?) _____           |
| <input type="checkbox"/> Yelp               | <input type="checkbox"/> Referral by Friend (Who?) _____          | <input type="checkbox"/> Website (which one?) _____        |
| <input type="checkbox"/> Facebook/Instagram | <input type="checkbox"/> Newspaper/Magazine/TV (which one?) _____ | <input type="checkbox"/> Picked up brochure (where?) _____ |
| <input type="checkbox"/> Drove By           | <input type="checkbox"/> Event (Which?) _____                     | <input type="checkbox"/> Other (please specify) _____      |
| <input type="checkbox"/> Direct Mail        | <input type="checkbox"/> Fitness Club/Salon (which one) _____     |  |