



Registration Form

Registration Date _____
Admission Date (date of 1 st visit) _____

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

Email needed for authorizations, announcements and to receive coupons. (Emails will not be shared)

In lieu of picture identification at time of pick-up, please give us a password _____

Guardians

① First Name _____ Last Name _____ Home(____) _____
 Address _____ Cell (____) _____
 City _____ State ____ Zip _____ Driver 's License _____ State ____ Work (____) _____

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

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

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

Emergency Contacts **Must list 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

Other People Authorized for Pick-up (must include at least one local contact) name and phone

① _____ # _____ ② _____ # _____

Children

*Health records are required to be on file according to Florida Department of Children & Families licensing regulations. If your child's records are on file at their school, please indicate below. (If not, please have your child's doctor fill out the physical & immunization forms and send to KidsPark within 30 days of the date of your child's first visit). *Health and immunization records are required for all preschool aged children.*

Children's Doctor's Name, address and phone _____ (____) _____

Name

First Name			
Last Name			
Sex	Boy Girl	Boy Girl	Boy Girl
Birth Date			
Child's Address if different than Primary Guardian			
Hygiene	Diapers Remind Trained	Diapers Remind Trained	Diapers Remind Trained
Health records are on file: School Address Phone			
1. Food allergies or restrictions?	Yes No	Yes No	Yes No
2. Other Allergies?	Yes No	Yes No	Yes No
3. Takes medications?	Yes No	Yes No	Yes No
4. Asthma?	Yes No	Yes No	Yes No
5. Hearing/vision problems?	Yes No	Yes No	Yes No
6. Past health problems?	Yes No	Yes No	Yes No
7. Activity restrictions?	Yes No	Yes No	Yes No

A Health History and Emergency Care Plan must be filled out for any **YES** answers.

Signature _____ Date _____

Registrations and Accounts become inactive when Health and/or Immunization forms expire and/or you have not visited within 12 months. In either instance, there are no refunds of money left on account and you are required to re-register.

Admission Agreement

On behalf of myself, my spouse, and each child designated (my "Child") I enter into this Admission Form Agreement ("Agreement") with **CSJ Legacy** a Florida Limited Liability Company, a 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 childcare 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 Florida Immunization and Health forms are required for attendance at our center within 30 days of first visit. If you have a Religious Exemption Form in lieu of an Immunization form, a health form will still be required.
 - b) **Illness:** In the event my Child becomes sick with a contagious illness after visiting any KidsPark location and the visit occurred 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. **State of Florida Licensing Requirements:**
 - a) **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.**
 - b) **I understand I must provide a current physical examination (Form 3040) and immunization record (form 680 or 681) within 30 days of enrollment, per section 65C-22.006(2), F.A.C.**
 - c) **I have received a copy of the Child Care Facility Brochure, "Know Your Childcare Facility" (CP/PI 175/24, per section 402.3125(5), F. S.**
 - d) **I have been notified in writing of the guidance and disciplinary practices used by KidsPark (Parent Handbook), per section 65C.22.006(3)(c)2, F.A.C.**

Your signature below indicates that you have received the above items and the information on this registration form is complete and accurate.

* Date _____ Signature of Parent/Legal Guardian _____

7. Additional Requirements:

- a) As a condition to my use of the services, I accurately completed and signed the Registration Form and Release. I understand 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.
- 8. Safety/Indemnity:** I agree that KidsPark may act 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.

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 Florida 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.

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 CSJ Legacy a Limited Liability Company, 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 childcare contains risk of injury to persons and damage to property, and that by signing this release I engage KidsPark to provide temporary childcare 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.
4. I give consent for childcare personnel to have access to my child's records.

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

* Date _____ Signature of Parent/Legal Guardian _____

PHOTO RELEASE

I _____, the parent/guardian of _____ hereby give my permission for my child's picture to be used in any advertising or promotion for KidsPark. This may include, tv, newspaper or internet.

* Date _____ Signature of Parent/Legal Guardian _____

How did you hear about KidsPark? _____ If referral, please list family name: _____