



Time in: \_\_\_\_\_  
Employee Initial: \_\_\_\_\_  
Parent Initial: \_\_\_\_\_

Set Pick up Time: \_\_\_\_\_  
Employee Initial: \_\_\_\_\_  
Parent Initial: \_\_\_\_\_

## Registration Form

### Client Information

#### 1. *Client Information*

The Client's information is as follows:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_

#### 2. *Child(ren)'s Information*

The child(ren) who will be enrolled in Kiddy Club's DROP OFF program along with this Client (collectively "Child") include:

1. Child's Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### 3. *Emergency Contact*

Emergency Contact Person : \_\_\_\_\_  
Emergency phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### 4. *Medical Problems(for minors)*

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#### 5. *Allergies*

Please list any known allergies of Client or Child, and indicate who has the allergy and the allergen: \_\_\_\_\_  
\_\_\_\_\_

Initial Here: \_\_\_\_\_

If either Client or Child has a severe allergy, Client is responsible for ensuring that an EpiPen® or similar instrument is available to the Company staff at all times, that Company staff are aware of such allergy. Further, to permit Company's administration of such instruments to the Child in case of an emergency: I, the Parent and/or Legal Guardian of the Child(ren) stated above, a Client of KIDDY CLUB and Parent and/or Legal Guardian to Child(ren) listed above, hereby consent to the administration of emergency medication to the above-named Child(ren) in instances of ingestion of a severe allergen, anaphylaxis and/or other, allergy-related emergency according to the dosing instructions provided to KIDDY CLUB staff in the medical Problems section.

**Emergency Consent.**

When a child is ill or needs medical attention KIDDY CLUB will make an effort to get in touch with the parent/guardian that signed their child into the playroom. If that parent cannot be reached, we will make an effort to contact the second parent/guardian and/or the listed emergency contact. If they cannot be reached and we need to get immediate help for the child, the child will be taken to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

**I, As The Parent And/Or Legal Guardian Hereby Give My Consent For My/Our Child(Ren) Stated Above In Section II. When Ill/Injured, To Be Taken To The Nearest Emergency Center If I/We Cannot Be Contacted. I Consent To An Ambulance Being Called To Transport The Child, If Necessary. I Further Agree To Pay All Costs Incurred For Transport And All Medical Costs Related To Injury/Illness.**

**I As The Parent And/Or Legal Guardian Have Provided Correct Information To Kiddy Club In Regards To Myself And Child(Ren) Stated Above. I The Parent And/Or Legal Guardian Agree With All The Statements Above And Accept Them And Without Any Coercion Agree To The Terms. The Agreement Terms Are Indefinite.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**After Pick Up**

Name of Person who picked up the child(ren): \_\_\_\_\_

Pick up time: \_\_\_\_\_

I, \_\_\_\_\_, hereby declare that the child in the same health as when dropped off, I release Kiddy Club and any Kiddy Club associated entities from any liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Here: \_\_\_\_\_