



Registration Form

Date: _____

Child's Name: _____ Birth Date: _____

Potty Trained? Yes _____ No _____ Preschool/School: _____

Please tell us about any special eating or sleeping habits: _____

Special Notes/Instructions: (e.g., allergies, behavior, special needs, vocabulary, etc.) _____

My child may be photographed for daycare use? Yes _____ No _____

My child may attend walking field trips around Barnes Miller Village? Yes _____ No _____

How did you hear about Kids Klubhouse? _____

Parent/Guardian: _____ Driver's License Number: _____ State: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell _____ Home _____ E-mail: _____

Employer: _____ Phone: _____ OK to Call: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Driver's License Number: _____ State: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Cell _____ Home _____ E-mail: _____

Employer: _____ Phone: _____ OK to Call: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contacts (other than parent/guardian) and People Authorized to Pick Up:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Doctor's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dentist's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

What hospital do you prefer? _____

Tootiecare, Inc. DBa Kids Klubhouse has my permission to transport my child by ambulance for emergency medical treatment. I understand that I will be responsible for the cost for all ambulance transport.

Signature: _____ **Date:** _____

Updated: _____ Initial: _____

Updated: _____ Initial: _____

ADMISSION AGREEMENT

On behalf of myself, my spouse, and child designated on the previous page ("my Child"), I enter into this Admission Agreement ("Agreement") with Tootiecare, Inc., an Oregon corporation dba Kids Klubhouse ("Kids Klubhouse"), regarding the provision by Kids Klubhouse of a supervised, indoor play environment for my Child.

Facility Use. Subject to this Agreement and other terms as short-term child care to my Child on a flexible time basis (which includes use of recreational facilities and participation in exercise, art, and playtime activities).

Future Visits. This Agreement, the Registration Form, and the Release will be kept on file at Kids Klubhouse and will continue to constitute binding obligations for any future visits my Child may make to Kids Klubhouse. However, this Agreement does not obligate Kids Klubhouse to continue providing service, and Kids Klubhouse reserves the right to refuse admission to any child for any reason without liability.

Payment. Payment for Kids Klubhouse services will be due at the time of each check-out in cash or by credit 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. Kids Klubhouse refuses to accept payment by check.

Health Policies

Health. My Child is in excellent health and physical condition and has no medical, psychological, physical, or mental conditions which have not been disclosed to Kids Klubhouse on the attached Registration Form. My Child does not have any infectious, contagious, or communicable diseases. My Child is current on all required immunizations.

Illness. In the event that my Child becomes sick with a contagious illness after visiting Kids Klubhouse and the visit to Kids Klubhouse occurred during the gestation period of such illness, I agree to notify Kids Klubhouse as soon as possible to enable Kids Klubhouse, in its discretion, to notify each family of all the children who may have been exposed.

Medical/Emergency Procedures

General Medical Guidelines/Discretion. Although Kids Klubhouse tries to provide a safe environment, it is possible that my Child could be injured. In such event, I authorize Kids Klubhouse to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that Kids Klubhouse shall not be required strictly to follow those guidelines when in Kids Klubhouse's judgment, circumstances may require otherwise.

Medical Authorization. In the event that Kids Klubhouse determines that emergency medical attention is necessary for my Child, I authorize Kids Klubhouse to act as an agent for me and to give permission for my Child to be attended by a physician in such circumstances as Kids Klubhouse deems necessary.

Safety/Indemnity. I agree that Kids Klubhouse may take action which it considers prudent to protect the safety of my Child, and other children visiting Kids Klubhouse. I further agree to indemnify, defend, and hold Kids Klubhouse (and its officers, directors, agents, and employees) harmless from and against all actions, claims, or liability, including attorney's 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.

Additional Requirement. As a condition to my use of Kids Klubhouse, I have accurately completed and signed the Registration Form and Release. I understand that Kids Klubhouse will rely on this information in caring for my Child. I agree to pay all costs and attorney's fees arising out of any action relating to this Agreement, the Registration Form, or Release for collection purposes or otherwise.

I HAVE READ THE ABOVE CAREFULLY AND FULLY UNDERSTAND THE CONTENTS AND CONSEQUENCES OF SIGNING THIS AGREEMENT.

Date: _____ Signature: _____ Print Name: _____

RELEASE

Tootiecare, Inc., as a State of Oregon licensed child care facility ("Kids Klubhouse"), provides a fun and safe environment for children. However, in any child care program, injuries may occur. In order for Kids Klubhouse to be able to provide drop-in baby-sitting services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, Kids Klubhouse is requesting that you sign this release.

I, on behalf of myself, my spouse, and child designated on the Admission Form Agreement (my "Child"), waives and releases all rights, causes of action, and claims against Tootiecare, Inc., an Oregon corporation, its officers, directors, agents, and employees ("Kids Klubhouse"), for any and all loss of or damage to property or injuries suffered by my Child during the time my Child is visiting Kids Klubhouse, including the possible negligence of Kids Klubhouse, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risks of injury to persons and damage to property, and that by signing this release I engage Kids Klubhouse to provide temporary child care for my Child at my own risk.

I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Kids Klubhouse and this 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 Kids Klubhouse other than those contained in the written information supplied to me by Kids Klubhouse.

I understand that this Release will be kept on file at Kids Klubhouse and will continue in effect for this and any future visits my Child may make to Kids Klubhouse.

I HAVE READ THE ABOVE CAREFULLY AND FULLY UNDERSTAND THE CONTENTS AND CONSEQUENCES OF SIGNING THIS RELEASE.

Date: _____ Signature: _____ Print Name: _____



Medical Emergency Consent Form

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

As the parent, agency representative, or legal guardian, I hereby give consent to Tootiecare, Inc. to provide all emergency dental and medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) at my expense. This care may be given under whatever conditions as necessary to preserve the life, limb, or well-being of my dependent. In an emergency, Tootiecare, Inc. has my permissions to call an ambulance or to take my child to any available physician or hospital at my expense.

Signature: _____ **Date:** _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Child's Medical Insurance: _____ Policy Number: _____

Chronic Illnesses or Allergies: _____

Special Notes/Instructions: _____

TEMPORARY GUARDIAN TO PRESENT THIS FORM IN CASE OF AN EMERGENCY.