

Member No.: _____
 Initial visit: _____

Registration Paid \$ _____
 Cash Check C/C



Registration Form

Parent/Guardian Information:

Parent #1 _____ License# _____ Password _____
 Address _____ City _____ St _____ Zip _____
 Home Ph _____ Cell Ph _____ Work Ph _____
 E-Mail Address _____ Would you like to receive our monthly calendar via e-mail? YES NO

Parent #2 _____ License# _____ Password _____
 Address _____ City _____ St _____ Zip _____
 Home Ph _____ Cell Ph _____ Work Ph _____

Child Information:

Name of each Child	Birth Date	Sex	Hygiene	Food or Medical Allergy	Take medications	Asthma	Speech/Comm. Difficulty	Usually takes a nap
(List last name, if different)			(Circle one)					
1.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
2.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
3.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
4.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
5.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
6.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N

Please explain any **YES** answers from above and any additional information, such as any continuous, long term prescriptions, serious injuries, illnesses, hospitalizations or any other information our staff should have:

School Information:

My child attends the following public school and his/her immunization record is on file at the school and all immunizations, vision/hearing screen, tuberculosis test are current as required by Family Protective Services.

Name of School _____ Address _____ Phone Number _____

In the event of an emergency and I am unable to be reached, I authorize the following persons to pick up my child/children or be contacted for information:

Name	Relationship to Child	Address	Phone Number
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Name	Relationship to Child	Address	Phone Number
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Emergency Medical Contacts:

In the event I cannot be reached, to make arrangements for emergency medical attention at the time of illness or accidents, I authorize Adventure Kids Playcare to transport my child to:

Name of Physician	Office Address	Phone Number
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Name of Hospital	Address	Phone Number
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Adventure Kids Playcare is regulated by Family Protective Services. The minimum standards policies for child care centers and our inspection reports are available for review. We maintain an open door policy. Parents may visit and observe our center at any time. A manager or director is always available to discuss any concerns about the policies and procedures. If a parent would like to stay in the center with their child, we must have a completed criminal background check on file. You may contact the Tarrant County licensing office at 817-321-8604. The address is 1501 Circle Drive, Ste. 310, Ft. Worth, TX 76119 or www.dfps.state.tx.us. To report child abuse or neglect, call 800-252-5400.

Consent for Medical Treatment:

I give consent for Adventure Kids Playcare to secure any and all necessary emergency medical care for my child. I certify my child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to Adventure Kids Playcare on the registration form.

Parent Signature

Date

I, on behalf of myself, my spouse, and each child designated on the registration form (my "child"), hereby waive and release all rights, causes of action and claims against Adventure Kids Playcare, a Texas Corporation, its Officers, Directors, Agents, and Employees, for any loss, expense, damage or injury suffered by my child during the time my child is visiting Adventure Kids Playcare, including the possible negligence of Adventure Kids Playcare, 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 Adventure Kids Playcare to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of Adventure Kids Playcare and found that it is safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Adventure Kids Playcare and this Release. By signing this Release, I have not relied on any promises or statements made by Adventure Kids Playcare or its employees other than those contained in written information supplied to me by Adventure Kids Playcare. I understand this Release will be kept on file at Adventure Kids Playcare and will continue in effect for this and any future visits my Child may make to Adventure Kids Playcare.

I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release.

Parent Signature

Date

Adventure Kids Playcare Parent Policy and Release Form

- Adventure Kids Playcare must have a completed registration and parent policy and release form before enrollment. If children are not enrolled in public school, parents must also complete a parent's health statement or physician health statement and provide a copy of the immunization records before the second visit. All children must be current on appropriate immunizations, vision and hearing screen requirements, and tuberculosis testing in order to be admitted to Adventure Kids Playcare.
- Initial registration fee is \$40 per family. It is due on the first visit and is non-refundable. Renewal registration is \$40 per family and due on each family anniversary date.
- Families can register as non-members without paying the registration fee for their first visit. The non-member fee is an additional \$2.00 per hour per child.
- The costs per child are: infants (up to 18 months, for each infant) \$9.00 per hour, child (over 18 months) \$7.50 per hour, each additional sibling (over 18 months) \$4.00 per hour. The costs are calculated to the minute. Costs may vary between AKP centers.
- Our hours: Monday – Thursday: 8:00 a.m. – 10:00 p.m., Friday: 8:00 a.m. – 12:00 a.m., Saturday: 9:00 a.m. – 12:00 a.m. and we operate 12 months a year. Please make sure to arrive to pickup your children before our closing time. There will be a late fee of \$1.00 per minute after our closing time.
- Reservations are not required, but are recommended for infants at all times, and for all other children on Friday and Saturday evenings. If you make a reservation and do not show or fail to cancel at least 30 minutes before your reservation time, you will be charged a \$5 fee.
- There is no daily minimum or maximum time visit per child, although, the State of Texas limits children's visits to no more than five consecutive days and a maximum of 15 days per calendar month.
- Please bring extra diapers and a change of clothes for your child. Please label all items with your child's name. There will be a charge of \$1.00 for each diaper supplied by Adventure Kids.
- Meals are served at 8:00 a.m., 11:30 a.m., and 5:30 p.m.. Meals can be purchased for \$3.50 per child, or brought from home. If meals are brought into the center by the parent, the parent understands that Adventure Kids is not responsible for the nutritional value or meeting the child's daily food needs. If a child's stay lasts during a meal time, and they are not signed up for a meal, we will feed them and add \$3.00 to the bill. Meals may be brought from home, but please do not bring any food item that contains peanut products. Snacks are served at 10:00 a.m., 3:00 p.m., and 8:00 p.m. and consist of crackers and juice.
- We have a peanut-free policy at all of our centers and do everything we can to make sure it remains safe for all children. If food containing peanut products is brought into the center, we will dispose of the food and provide the child with one of our meals. But, there are situations that are out of our control where a child may have had food containing peanut butter before coming into the center. If your child has severe food allergies, we cannot guarantee that they will not have a reaction while at our center.
- Adventure Kids cannot accept children who are ill. Children must be fever-free and symptom-free for at least 24 hours before visiting Adventure Kids. We cannot administer any medication or routine medical procedures (i.e. inhalers, nebulizers). If your child is dropped off at Adventure Kids and is ill, we will call you to come pick them up.
- Adventure Kids Playcare does not discriminate against persons with disabilities. However, our services do not include one-on-one supervision, therefore, we cannot accept children whose special needs require that we provide one-on-one supervision.
- Please be sure to update emergency contact phone numbers with our staff. In the event of a medical emergency, we will phone the parent immediately and call 911.
- Only parents will be allowed to check children in and out of Adventure Kids Playcare. Parents must show their membership card and photo identification upon arrival. Authorized persons will be able to check children in and out if prior arrangements are made with Adventure Kids and the parent has completed an Alternate Release Form.
- Only socks are to be worn into the play area for safety and cleanliness.
- We only use positive methods of discipline and guidance that encourage self-esteem, which include praise of good behavior, reminding children of behavior expectations, redirection and brief supervised separation or time-out from the group (located in the front office), when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age. No corporal punishment, physical or verbal abuse, abusive language, or withdrawal of food, naps, or toilet training of any kind is allowed. For the safety of all, children that show repeated misbehavior or biting will be asked to take a two-week respite from Adventure Kids Playcare.
- Payment for Adventure Kids services will be due at the time of each check out.
- Family Savings Plans (Pre-Pay) cannot be transferred between locations. It can only be used at the originating location. Family Savings Plans cannot be used to pay for registration fees, Mom's Day Out, or any other discount program.
- Policy changes will be made in writing as needed and provided to all parents. Parents may be contacted by phone as needed for information needed in regard to their children.
- Adventure Kids Playcare does not discriminate on the basis of gender, race, color, religion, or national origin. However, we reserve the right to refuse service to any person or persons for legitimate business reasons, such as maintaining the safety of our facility and the children in our care.
- **I hereby grant Adventure Kids Playcare permission to use photographs/video of my child(ren), taken during their stay at Adventure Kids Playcare, to be used solely for the purposes of Adventure Kids Playcare promotional material, website, and publications. I will make no monetary or other claim against Adventure Kids Playcare for the use of the photographs/video.**

I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release.

Parent Signature

Date



Parents Health Statement

Child's Name _____ Date of Birth _____

- My child has been examined within the past year by a health care professional and is able to participate in the daycare program. I will provide a Physician's Health Statement within one year.
- My child has an appointment for an examination with a licensed healthcare professional.

Date _____

Physician Name _____

Office Phone Number _____

Office Address _____

- Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization.
- My child's immunization record is current and on file at the following listed school:

School _____

Address _____

Phone _____

Parent Signature

Date



Health Statement for Pre-School Age Children

Child's Name _____

Date of Birth: _____

Immunization Record (required for children under five years of age):

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/booster	Date/booster
PT/TD					
Polio					
Measles: Vaccine-Rubeola					
Mumps: Vaccine					
Rubella: Vaccine					
Hib					
Hepatitis B					
TB Test (if required)					
Varicella					

Signature- Physician or Health Care Personnel /Date

Signature- Staff making copy of record /Date

Hearing and vision tests are required for children 4 years and older who do not attend Pre-K or School.

Hearing	Date:	Signature:			
Hz	1000	2000	4000		
R				Pass:	
L				Fail:	
Vision	Date:	Signature:			
R20/	L20/			Pass:	Fail:

Physician's Statement:

I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Physician or Health Care Professional's Signature - Date