



Free Time Kids Playcare, Inc.
REGISTRATION FORM

Family ID # _____
 Staff Initials _____
 Date _____

Family Information

GUARDIAN 1

Circle Relationship: Parent Step-Parent Foster Parent Grandparent Relative Friend
 First/Last Name: _____ Male/Female _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Driver's License # _____ Email: _____
 Would you like to receive our monthly newsletter and promotions via email? Yes No

GUARDIAN 2

Circle Relationship: Parent Step-Parent Foster Parent Grandparent Relative Friend
 First/Last Name: _____ Male/Female _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Work: _____
 Driver's License # _____ Email: _____
 Would you like to receive our monthly newsletter and promotions via email? Yes No

CHILD 1

First/Last Name: _____ Male/Female _____
 Preferred Name: _____ Birthdate: _____ Age: _____

CHILD 2

First/Last Name: _____ Male/Female _____
 Preferred Name: _____ Birthdate: _____ Age: _____

CHILD 3

First/Last Name: _____ Male/Female _____
 Preferred Name: _____ Birthdate: _____ Age: _____

MARKETING

How did you hear about us _____
 Do you give us permission to take and use photographs of your child(ren) for marketing purposes: Yes I do No I don't

MISC: FTKP has emergency drills on a routine basis, do you give permission for your child(ren) to participate if he/she is present during this time: Yes I do No I don't

Guardian Signature _____ Date _____

Please note: It is the guardian's responsibility to inform Free Time Kids Playcare of any updates or changes to this form.

Child Information

	List Child's First Name	List Child's First Name	List Child's First Name
	Child 1 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained	Child 2 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained	Child 3 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained
Medications Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food or Medical Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Medical Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision/Hearing/Speech Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain all YES answers here and the child's name, along with any other important information that you feel the staff should know

You MUST fill out at least one authorized individual for pick up other than the guardian(s). In the event of emergencies, we will contact the listed individuals if the guardian(s) listed cannot be reached.

AUTHORIZED PICK-UP 1

Relationship to Child: _____

First/Last Name: _____ Male/Female _____

Home Phone: _____ Cell: _____ Work: _____

FTKP Staff to Obtain the Following:

Driver's License # _____ Email: _____

Authorized Pick-Up 1 Signature _____ Would you like to receive our Newsletters: _____

AUTHORIZED PICK-UP 2

Relationship to Child: _____

First/Last Name: _____ Male/Female _____

Home Phone: _____ Cell: _____ Work: _____

FTKP Staff to Obtain the Following:

Driver's License # _____ Email: _____

Authorized Pick-Up 2 Signature _____ Would you like to receive our Newsletters: _____

Guardian Signature _____ Date _____

Please note: It is the guardian's responsibility to inform Free Time Kids Playcare of any updates or changes to this form.



Family ID # _____
Staff Initials _____
Date _____

Registration Agreement

I represent that I am the parent, legal guardian, or authorized individual of each child on this registration form and that I, on behalf of myself, my spouse, listed child(ren), or the parents/legal guardians of each listed child(ren) on this Agreement Form, enter into this Agreement Form (Agreement) with Free Time Kids Playcare, Inc. From this moment forward each designated child on the Agreement form will be referred to as “my Child”, I will be represented as the “parent”, and Free Time Kids Playcare, Inc. will be referred to as “FTKP”.

Facility Use. FTKP’s drop-in childcare services may only be used for periods of **four (4) hours or less**. If a child is present for more than four (4) hours, I understand that this will not occur on a regular basis and does not constitute as regular care. I understand that FTKP is a drop-in childcare that provides quiet and active playtime, to include but not limited to, arts and crafts and play equipment. If a child is in FTKP’s care during a meal time, I understand that I can choose to bring a peanut-free meal in with my child or a meal can be purchased from FTKP. I also understand that if a meal is not provided for my child and my child is present during a meal time, a meal will be provided at my cost. I also understand that the facility at FTKP is used for all day seasonal camps that are available to school-aged children. This service can be used for more than four (4) hours per day. FTKP does not take field trips or provide transportation.

Future Visits. The Registration Form, including this Agreement page, will be kept on file with FTKP and constitutes binding obligations for any future visits my Child may make to FTKP. FTKP reserves the right to refuse admission to any child for any reason and without liability.

Payment. Payment for FTKP services are due upon each pickup and can be made in cash, check, or credit/debit card. The fee is calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visit, and adding any other additional costs that have incurred, such as, late fees, meals, diapers, and retail items. If a package was purchased, time used will be posted against this package and any overage is to be paid in full at time of check-out with the same calculation as above. FTKP reserves the right to refuse payment by check and charges a fee for any returned checks.

Pick Up. Children are only released to those authorized on the Registration Form. All designated individuals must present a valid driver’s license or state issued identification card with information corresponding to the information provided on the Registration Form. Children will not be released if identification is not supplied.

Health and Illness. My Child is in excellent health and physical condition and has no medical, physical, or psychological condition which has not been disclosed to FTKP on the Registration Form. My Child also does not have any infectious, contagious, or communicable diseases. If my child becomes sick with a contagious illness after visiting FTKP, and the visit was during the gestation period, I agree to notify FTKP as soon as possible. FTKP, in its discretion, will notify each family of those children who may have been exposed.

Medical Release. Although, it is the goal of FTKP to provide a safe environment, it is possible my child could get injured. If such an incident occurs, I authorize FTKP to follow its internal procedures, to include simple first aid deemed reasonably appropriate. I do understand however, that FTKP will not be required to strictly follow these guidelines when FTKP believes circumstances may require otherwise. In the event that FTKP determines that emergency medical attention is necessary for my Child, I authorize FTKP to act as my agent and give permission for my Child to be attended to by a physician. I further understand that FTKP only administers medications used in life threatening situations, which include: EpiPens and Inhalers, at their discretion. These medications must be provided to FTKP each visit and a Medication Authorization Form must be on file.

Safety/Indemnity. I agree that FTKP may take action, which it considers prudent to protect the safety of my Child, and other children visiting FTKP. I further agree that I hereby waive and release all rights, causes of action and claims against Free Time Kids Playcare, Inc., its Officers, Directors, Agents, and Employees and all of its affiliates, for any loss, expense, damage or injury suffered by my Child or my property, including the possible negligence of FTKP, but excluding gross negligence and intentional misconduct, during the time my Child visited FTKP. I further agree that I hold FTKP harmless from 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.

Additional Requirements. As a condition to my use of FTKP, I agree that I have accurately completed and signed the Registration Form and that FTKP will rely on this information while caring for my Child. I agree that I will pay all costs arising out of any action relating to this Agreement or the Registration Form for collection purposes or otherwise.

By signing this release I appoint FTKP to provide temporary childcare for my Child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding all aspects of FTKP. I am not relying on any promises or statements made by FTKP, other than those written in the documents supplied to me by FTKP. I understand that this release will be kept on file with FTKP and will continue in effect for this and any future visits my Child may make to FTKP. I HAVE READ THE AGREEMENT CAREFULLY AND FULLY UNDERSTAND THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING

Signature & Date of parent/legal guardian or authorized individual Signature & Date of FTKP Authorized Representative