

BIZI KIDZ

REGISTRATION AND EMERGENCY CONTACT

CHILD'S NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____
Number Street City
State Zip

EMAIL: _____

FATHER'S NAME: _____ HOME PH: _____ CELL PH: _____
WORK PH: _____

MOTHER'S NAME: _____ HOME PH: _____ CELL PH: _____
WORK PH: _____

HOW DID YOU HEAR ABOUT US? Facebook Friend Advertisement
 Other (explain) _____

If a friend referred you, what is their name? _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILDREN IF THE FOLLOWING OCCUR:

- A medical emergency occurs & you cannot be reached
- If it is after closing time & we cannot reach parent(s)/guardian
- If staff is unable to reach parent(s), they will attempt to reach a person who will assume responsibility for the care of the child.

Name: _____ Cell: _____ Home: _____ Work: _____
Address: _____

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Name: _____ Cell: _____ Home: _____ Work: _____
Address: _____

☆☆

Name: _____ Cell: _____ Home: _____ Work: _____
Address: _____

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****Arrangements must be made with us in advance if you wish for someone other than the above individuals to be called for your child****

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PARENT INSTRUCTIONS AND CONSENT

(You may write n/a if questions do not apply)

1. Is your child toilet trained? _____

Comments/Special Instructions: _____

2. Allergies? Please list: _____

Our nut-free snacks may have been processed in a factory that has nut products. Please provide your child with a separate snack if needed

Additional instructions: _____

3. Behavioral or Developmental Concerns: _____

4. I hereby authorize you to use the commercial baby wipes and diapers I have provided for my child. If I have forgotten them, you may also use the diapers and wipes provided by Bizi Kidz at a \$1 charge per diaper. Initials _____

5. Bizi Kidz will have snacks available for your child at three scheduled times throughout the day: 10am, 2pm and 5pm. We serve animal crackers, goldfish crackers and/or pretzels. We have water available at all times.

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Agreements:

I understand that in some emergency situations, Bizi Kidz will need to contact the emergency medical service before the parent, child's physician and/or other adult acting on the parent/guardian's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital, if the local emergency medical unit determines it is necessary for treatment.

I hereby grant permission to the Bizi Kidz staff to take whatever measures are judged necessary for the care and protection of my child while under their supervision.

I understand that it is my responsibility to keep the information on this form up to date. Bizi Kidz is not liable if this information is inaccurate or outdated.

Photo Release: I give Bizi Kidz permission to post pictures of my child on the "Bizi Kidz High Point/Jamestown" Facebook page yes no

NAME: _____

SIGNATURE: _____ DATE: _____