

**JENNI AND TOMMY'S KIDS UNPLUGGED REGISTRATION FORM**  
(PLEASE PRINT CLEARLY)

CHILD'S NAME \_\_\_\_\_ BOY  GIRL   
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ YRS \_\_\_\_ MOS.

**ALLERGIES, MEDICAL PROBLEMS, MEDICATIONS, DIETARY RESTRICTIONS:**

- PARENT/GUARDIAN'S NAME \_\_\_\_\_ MALE  FEMALE   
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_
- PARENT/GUARDIAN'S NAME \_\_\_\_\_ MALE  FEMALE   
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

**IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, CONTACT: (Parent/Guardian is responsible to provide current phone numbers)**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP CHILD: \_\_\_\_\_

**PARENTS/GUARDIANS: Please read the following and initial:**

- GLOW WORMS**  
Ages 3 years to 3 years, 11 months  
Tue/Thurs  
8:30 A.M – 12:00 P.M.  
Please circle your choice
- FIREFLIES**  
Ages 4 years to 5 years  
Mon/Wed/Fri  
or  
Mon-Fri  
\*Only Fireflies can attend 5 days a week.  
8:30 A.M. – 12:00 P.M.  
Please circle your choice
- SUMMER CAMP**  
Ages 3 years to 5 years  
T/TH,  
Mon/Wed/Fri or  
Mon-Fri  
9:00 A.M. – 12:00 P.M.

**DEPOSIT:** I understand that the last months **non-refundable** tuition is due upon registration to hold my child's spot. I understand that a 1 month notice is required if my child will no longer be attending school. I understand that the deposit for the last months tuition will be used for the month of June, the last month of the school year. \_\_\_\_\_ (initials)

**LATE PICK UP FEE:** I understand that pick up is 12:00 P.M. A late fee of \$1 per minute for every minute I am late will be charged beginning at 12:05 P.M. and will be added to next month's tuition. \_\_\_\_\_ (initials)

**ABSENCES:** I understand that credits, refunds or make-ups will not be given when my child is absent from the program or for severe weather closures. We follow the Tigard/Tualatin school district for weather closures. If they are closed or have a delayed start we are closed. Call/email if your child will be absent. \_\_\_\_\_ (initials)

**PAYMENT:** I understand that monthly payments are due no later than pick up time, on the **1<sup>st</sup> of every month**. Checks can be post dated and will not be cashed until the 1<sup>st</sup>. If I miss the due date I understand that I will be charged an automatic **\$10/day late fee**. There will be a **3% fee** for the use of any debit/credit cards. \_\_\_\_\_ (initials)

- Undersigned hereby releases, waives and discharges Jenni and Tommy's Kids Unplugged, it's owners, teachers, employees and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of Jenni and Tommy's Kids Unplugged, its owners, teachers, employees and independent contractors. \_\_\_\_\_ (initials)
- Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of Jenni and Tommy's Kids Unplugged, it's owners, teachers, employees and independent contractors or otherwise while in, upon or about the premises of Jenni and Tommy's Kids Unplugged and/or while using the premises or facilities or equipment or program thereon. \_\_\_\_\_ (initials)

**PHOTO CONSENT:** Undersigned Authorizes Jenni and Tommy's Kids Unplugged to use your (or child's/ward) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, blog, social media etc.) produced by Jenni and Tommy's Kids Unplugged.  
 Check here if you **DO NOT** give photographic consent.

**CONSENT TO TREAT:** I hereby give my consent for Jenni and Tommy's staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.  Check here if you **DO NOT** consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement has been made.  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_