



Registration Form

Date: _____

Child's Information:

Name (First, Middle, Last):	Nickname:	Date of Birth:	
Address:	City:	State:	Zip:

Please check all that apply to your child:

Academically, behaviorally, developmentally, emotionally or physically challenged (Please explain):

ADD and/or ADHD

Allergies (Please list allergy, expected symptoms, and method of treatment):

Chronic health or life-threatening medical condition (Please explain; if needed, we will create an individual plan of care):

Current medications (Please list medications and distribution schedules):

Specific food or feeding requirements (Please explain):

Any other special circumstances or requests? (Please explain):

Is your child toilet trained?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Is your child allowed to play video games?	yes <input type="checkbox"/>	no <input type="checkbox"/>
Is your child allowed to watch tv?	yes <input type="checkbox"/>	no <input type="checkbox"/>

Family Information:

Mother/Guardian:

Name:	Home Phone:	Cell Phone:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	E-Mail Address:	

Father/Guardian:

Name:	Home Phone:	Cell Phone:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	E-Mail Address:	

Emergency Information:

Hospital Preference: _____

In case of emergency, fire, natural, or man-made disaster, we will contact emergency personnel, and then parents/guardians. In the event that a parent/guardian cannot be reached, please list three emergency contacts:

Name:	Relationship to child:		
Home Phone:	Work Phone:	Cell Phone:	

Name:	Relationship to child:		
Home Phone:	Work Phone:	Cell Phone:	

Name:	Relationship to child:		
Home Phone:	Work Phone:	Cell Phone:	

I, _____, hereby give consent for the staff at Recess Time to provide first aid/emergency treatment for my child, _____, if necessary. I have read and approve of the on-site disaster plan implemented by Recess Time. Further, I hereby give consent for the staff at Recess Time to seek and approve medical care for my child in the event of an emergency situation. This includes, but is not limited to dental, medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or transport attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent/Guardian:

Date: _____

Primary Physician:

Name:	Phone:			
Address:	City:	State:	Zip:	

Medical Insurance:

Policy Holder Name:	Policy Number:	Employer Name:		
Policy Holder Name:	Policy Number:	Employer Name:		

Date of last physical exam/physician visit (for reasons other than immunizations): _____

Dentist:

Name:	Phone:		
Address:	City:	State:	Zip:

Dental Insurance:

Policy Holder Name:	Policy Number:	Employer Name:
Policy Holder Name:	Policy Number:	Employer Name:

Other than you, who has permission to pick up your child?

Check here if these are the same as your child's Emergency Contacts: _____

Name:	Relationship to child:	
Home Phone:	Work Phone:	Cell Phone:

Name:	Relationship to child:	
Home Phone:	Work Phone:	Cell Phone:

Name:	Relationship to child:	
Home Phone:	Work Phone:	Cell Phone:

Is there anyone who does not have permission to pick up your child?

Name:	Relationship to child:
Reason:	

Name:	Relationship to child:
Reason:	

Name:	Relationship to child:
Reason:	

Does Recess Time have your permission to use pictures of your child in publicized advertizements?

yes _____

no _____

Questionnaire

How did you hear about Recess Time?

Which days/hours of operation would be most helpful to you?

Comments? Questions?

Release of Liability:

I, _____, certify under penalty or perjury under the laws of the State of Washington that the information contained within this registration form is true and correct. I acknowledge that I have read and understand the policies and procedures of Recess Time. Further, I hereby release Recess Time, LLC, its owners, agents, employees, representatives, volunteers, and any other people officially connected with the company, from any and all causes, claims, legal entanglements, liability, and rights of action, for damage to or loss of personal property, and illness or injury to my child, _____, resulting from any cause whatsoever, occurring at anytime, arising out of, or in connection to, participation in activities or programs at Recess Time, or while on the company's premises.

Signature of Parent/Guardian:

Date:

Signature of Recess Time Staff:

Date:



A Break for Parents. Fun for Kids.