



Teacher Work Days/Breaks Registration Form

Childs Information

Childs name (first/middle/last) _____ Name called _____

Address _____ City _____ Zip _____

Birth Date ____/____/____ Grade ____ Teacher _____

School _____

If the schools have an unscheduled early release (i.e. inclement weather), my child will:

Ride the school bus home Picked up by parent at school Ride van to Drop-N-Play

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) _____ None

ADD ADHD

Medication (type and schedule) _____ None

Emotionally, behaviorally, intellectually or physically challenged _____ None

Special circumstances/Requests (explain) _____

Family Information) _____

Mother/guardians name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work# _____ Ext. _____ Cell # _____

E-mail address _____

Father/guardian's name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work# _____ Ext. _____ Cell # _____

E-mail address _____

Emergency Information

In the case of emergency, please contact the following first:

___ Mother/guardian ___ Father/guardian

Childs doctor _____ Phone # _____

Childs dentist _____ Phone # _____

Hospital preference _____

Insurance company _____ Policy # _____

Emergency Contacts / Authorized Pickups:

1. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____

2. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____

3. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____

How did you hear about Drop-N-Play? _____

Important information for you to know:

1. The break(winter,spring)teacher work day program at Drop -N-Play is scheduled around the **Traditional Guilford County School System Calendar**. The daily tuition of \$35.00 for all non-registered afterschool students(does not include field trips). Extended All-Day care is available on all teacher work days,inclement weather and holidays for an additional fee of \$20.00 per day, per child for all registered afterschool students. Drop-N-Play will not be open on the following holidays: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day.Full tuition is due on the holidays that Drop-N-Play is closed.
2. All break participants will be given 2 snacks everyday.
3. Payments are due the day of participation and will be assessed a \$15 late fee if paid after the date of participation.A late fee of \$1.00 per minute, per child is charged for each minute a child remains after 6:30pm.

Medical Information/Release

Name of Family Physician: _____ Phone # _____

If there is a need for emergency medical treatment, 911 will be called. Should an ambulance be needed, parents will be responsible for any costs. Parents will be contacted as soon as possible after contacting 911. Drop -N- Play LLC, employees do not administer medications under any circumstances. I agree that Drop-N-Play LLC, may authorize a physician of their choice to provide emergency care in the event neither I nor our family physician can be reached immediately. I certify my child is in excellent health and physical condition and has no medical, psychological, or mental condition which has not been disclosed to Drop -N- Play LLC, on the registration form.

I, undersigned, do hereby state that I have read the above carefully, 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/Guardian Signature: _____ Date: _____

Release of Liability

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 Drop -N- Play, its Officers, Directors, Agents, and Employees, for any loss, expense, damage or injury suffered by my child during the time my child is visiting Drop -N- Play, including the possible negligence of Drop -N- Play LLC, but excluding gross negligence and intentional misconduct. For good and valuable consideration including but not limited to benefits realized from the utilizing Drop -N- Play as a drop-in center for my child/children for \$10.00 and other valuable consideration. 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 Drop -N- Play LLC, to provide temporary childcare for my children at my own risk. I further understand that there is an assumption of risk associated with the use of the center. **I understand and agree that in order to use Drop -N- Play's in facility child care services, parents/guardians must remain easily accessible, be in the nearby vicinity, and be able to return to the center within 15 minutes if necessary.** I have been given an opportunity to inspect the premises of Drop -N- Play LLC, 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 Drop -N- Play LLC, and this Release. I have received a copy of Drop -N- Play's Guidelines. By signing this Release, I have not relied on any promises or statements made by Drop -N- Play LLC, or its employees other than those contained in written information (Guidelines) supplied to me by Drop -N- Play LLC. I understand this Release will be kept on file at Drop -N- Play and will continue in effect for this and any future visits my child may make to Drop -N- Play.

I, the undersigned, do hereby state that I have read the above carefully, 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/Guardian Signature: _____ Date: _____