

# The SPOT Activity Center REGISTRATION FORM

Today's Date:	Family's Last Name:		
<b>FAMILY INFORMATION</b>			
Mother's name:	Father's name:		
Child's Name 1: [Birthday]	Child's Name 2: [Birthday]	Child's Name 3: [Birthday]	Child's Name 4: [Birthday]
Address:			
Email address:	Primary phone #:	Secondary phone #:	
Mother's Occupation:	Father's Occupation:		
Your relationship to child/children: Mother _____ Father _____ Grandparent _____ Other _____			
<b>EMERGENCY INFORMATION</b>			
Name of local friend or relative to contact if parent(s) cannot be reached:	Relationship to child/children:	Primary phone #:	Secondary phone #:
Any Allergies or Medical Conditions:			
List any medications that each child takes:	Name of anyone who is NOT allowed to pick up your child/children:		
<b>AGREEMENT</b>			
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance that may accrue due to fees or purchases. I understand that if I am more than 10 minutes late picking up my child, an additional hour will be punched. I am aware that The SPOT Activity Center is not a childcare center and is not licensed by DHR as such but, rather, is an ACTIVITY CENTER meant for my child/children's entertainment and enrichment. In light of that fact, I understand that I am to remain on The Waters premises while my child/children is/are attending activities at The SPOT. I authorize The SPOT Activity Center to call 911 in the event my child/children require(s) immediate medical attention.</p>			
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Guardian signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date		