

# THE SPOT KIDS REGISTRATION FORM

|  |   |                                   |                                   |
|--|---|-----------------------------------|-----------------------------------|
| Today's Date:  |   | Family's Last Name:               |                                   |
| <b>FAMILY INFORMATION</b>  |   |                                   |                                   |
| Mother's name:   |   | Father's name:                    |                                   |
| Child's Name 1:<br><br>[Birthday]  | Child's Name 2:<br><br>[Birthday]                                 | Child's Name 3:<br><br>[Birthday] | Child's Name 4:<br><br>[Birthday] |
| Address:   |   |                                   |                                   |
| Email address:   | Mother's phone #:   | Father's phone #:                 |                                   |
| Mother's Occupation:   | Father's Occupation:  | Are Parents Married or Divorced:  |                                   |
| 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 \$10 will be Charged. 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. If utilizing the PICK-UP Service, PRS has been notified that my child/children will be meeting at the school trail and will be leaving the school property with THE SPOT representatives.</p> <p>I authorize THE SPOT KIDS to call 911 in the event my child/children require(s) immediate medical attention. I understand in this time of pandemic that things are uncertain. The SPOT may need to close and refunds will not be issued, time unused may be credited. Memberships &amp; Registration Fees are non refundable.</p> <p>I understand that this virus is unpredictable and may spread from child to child. I agree to inform The SPOT ASAP should my child be exposed to COVID or becomes ill. I also agree that I will not hold The SPOT liable should my child contract this virus or any other illness while attending SPOT activities.</p> |   |                                   |                                   |
| _____  |   | _____                             |                                   |
| Parent/Guardian signature  |   | Date                              |                                   |