

The Spot Activity Center Registration Form

Activity (Circle One): Tot Spot (Morning Program) Spot Kids (After School) Kids Club (Summer)

Child(ren)'s Name:

Birthday(s):

Family Information

Mother's Name:

Father's Name:

Mother's Cell #:

Father's Cell #:

Mother's Work #:

Father's Work #:

Mother's Email:

Father's Email:

Address:

Emergency Information

Emergency Contact Name:

Emergency Contact Phone #:

Relationship to Child:

Allergies:

Medications:

Other Important Information:

Persons **NOT** Allowed to pick up Child:

Agreement

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance that may accrue. 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, PRES 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. I authorize The Spot Activity Center to call 911 in the event my child/children require(s) immediate medical attention.

Parent/Guardian's Signature:

Date: