

Member #: _____

Initial Visit: _____



Registration Form

Registration Paid \$ _____

Cash/Credit Card

Date: _____

Entered by: _____

How did you hear about us? _____

Parent/Guardian Information:

Parent #1 _____ Dr. Lic.# _____ Password _____

Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell Ph _____ Work Ph _____ CarLic # _____

E-Mail Address _____ Would you like to receive our monthly calendar via e-mail? YES NO

Circle Relationship: Parent Grand-Parent Step-Parent Foster Parent Relative Friend

Parent #2 _____ Dr. Lic.# _____ Password _____

Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell Ph _____ Work Ph _____ CarLic # _____

Circle Relationship: Parent Grand-Parent Step-Parent Foster Parent Relative Friend

Child Information:

Name of each Child	Birth Date	Sex	Hygiene	Food or Medical Allergy	Take medications	Asthma	Speech/Comm. Difficulty	Special Needs
(List last name, if different)			(Circle one)					
1.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
2.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
3.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
4.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N
5.		M/F	Diaper Training Trained	Y N	Y N	Y N	Y N	Y N

Please explain any **YES** answers from above and any special care needs that include, but not limited to, allergies, existing or previous illness or injuries, hospitalizations, medications prescribed for continuous use:

School Information: My child attends the following school and his/her immunization record is on file at the school and all immunizations, vision/hearing screen, tuberculosis test are current as required by Family Protective Services.

Name of School Address Phone Number

In the event of an emergency and I or my spouse are unable to be reached, I authorize the following responsible persons to pick up my child/children or be contacted for information (cannot be parents):

Name	Relationship to Child	Address	Phone Number
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Name	Relationship to Child	Address	Phone Number
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Emergency Medical Contacts and Consent for Medical Treatment:

In the event I cannot be reached, I, or whoever signs my child in for that day (Authorized Representative to act as an agent for me), give my permission for Adventure Kids Playcare to provide basic first aid to my child as reasonably appropriate, however, I understand Adventure Kids Playcare shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise. In the event that Adventure Kids Playcare, in its sole discretion, believes that my child needs more advanced care, I consent to dental, medical, surgical, and/or hospital care, treatment, and/or procedures to be performed for my child by a licensed dentist, physician, ambulance attendant/emergency medical technician, or other licensed health care provider (collectively, "Health Care Professional") associated with a licensed treatment facility when deemed necessary or advisable by the Health Care Professional 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 Adventure Kids Playcare to an emergency center for treatment. I certify my child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to Adventure Kids Playcare on the registration form. My child(ren) does not have any infectious, contagious or communicable diseases.

In the event my child is in need of emergency care, I do not require that the following physician or hospital be contacted. The information provided below is for informational purposes only. I consent to my child being taken to the treatment facility recommended by the Health Care Professional attending my child.

Name of Dentist	Office Address	Phone Number
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Name of Physician	Office Address	Phone Number
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Name of Hospital	Address	Phone Number
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Parent Signature

Date

I represent that I am the parent or legal guardian of each child designated on this registration form. 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 this independently owned/operated Adventure Kids Playcare, AKP International, Inc., a Texas Corporation, its Officers, Directors, Agents, and Employees and all of its affiliates, and all other independently owned/operated Adventure Kids Playcare locations that I may visit for any loss, expense, damage or injury suffered by my child during the time my child is visiting Adventure Kids Playcare, including the possible negligence of Adventure Kids Playcare, but excluding gross negligence and intentional misconduct. 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 Adventure Kids Playcare to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of Adventure Kids Playcare 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 Adventure Kids Playcare and this Release. By signing this Release, I have not relied on any promises or statements made by Adventure Kids Playcare or its employees other than those contained in written information supplied to me by Adventure Kids Playcare. I understand this Release will be kept on file at Adventure Kids Playcare and will continue in effect for this and any future visits my Child may make to Adventure Kids Playcare.

I have read the above carefully and 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 Signature

Date

Parent Policy and Release Form

- Adventure Kids Playcare (AKP) must have a completed registration and parent policy and release form before children can be accepted for care. Parents must also complete a parent's health statement or physician health statement form (a copy of the immunization records with a physician's health statement and physician's signature may be provided in place of the physician's health statement form) before the first visit. All children must be current on appropriate immunizations, vision and hearing screen requirements and tuberculosis testing in order to be admitted to AKP. We must have an updated immunization record or physician health statement form each year. Parents must advise AKP of changes of address, phone numbers, and children's health and allergies. General parent notifications will be made by email.
- The initial annual registration fee is \$40 per family. It is due on the first visit and is non-refundable. Renewal registration is \$40 per family and due on each family anniversary date (12 months from initial visit).
- The costs per child are: infants (up to 18 months, for each infant) \$15.50 per hour, child (over 18 months) \$13.50 per hour, each additional sibling (over 18 months) \$8.00 per hour. The costs are calculated to the minute. Costs may vary between AKP centers. Payment is due at time of check-out. No refunds are given.
- Our hours: Monday – Thursday: 7:00 a.m. – 10:00 p.m., Friday: 7:00 a.m. – 12:00 a.m., Saturday: 9:00 a.m. – 12:00 a.m. and we operate 12 months a year. The hours are our regular business hours, variations may occur due to holidays, maintenance and employee events. Any changes will be posted in advance in our lobby. Please make sure to arrive to pick up your children before our closing time. There will be a late fee of \$1.00 per minute per child after our closing time. Please note: operating hours vary by location.
- Reservations are not required but are recommended for infants/toddlers at all times and for all other children on Friday and Saturday evenings. If you make a reservation and do not show or fail to cancel at least 2 hours before your reservation time, you will be charged the full amount of your reserved time on your next visit.
- Please bring extra diapers and a change of clothes for your child. All personal belongings must be labeled with the child's first and last name. There will be a charge of \$1.00 for each diaper supplied by Adventure Kids. No outside toys or electronics are allowed in the center; AKP will not be responsible for any lost or broken items.
- Visits are limited to a maximum of 10 hours per day except as required by law.
- Meals are served 8:00 a.m.- 9:00 a.m., 11:30 a.m. – 1:00 p.m., and 5:30 p.m. – 7:00 p.m. Meals can be purchased for \$5.50 per child or brought from home. If meals are brought into the center by the parent, the parent understands that AKP is not responsible for the nutritional value or meeting the child's daily food needs. If a child's stay lasts during a meal time, and they are not signed up for a meal, we will provide a meal for them and add the meal cost to the bill. Meals may be brought from home, but please do not bring any food item that contain nut products. Snacks are served at 10:00 a.m., 3:00 p.m., and 8:00 p.m. and consist of crackers and water. Infant bottles must be labeled with name of child and pre-mixed before an infant is admitted to care.
- If your child has a diagnosed food allergy, AKP must have a Food Allergy Emergency Plan signed by a health care practitioner on file prior to the first visit.
- We have a nut-free policy at all of our centers and do everything we can to make sure it remains safe for all children. If food containing nut products is brought into the center, we will dispose of the food and provide the child with one of our meals. But, there are situations that are out of our control where a child may have had food containing peanut butter before coming into the center. If your child has severe food allergies, we cannot guarantee that they will not have a reaction while at our center.
- AKP cannot accept children who are ill. Children must be fever-free and symptom-free for at least 24 hours or a statement from a health care professional stating the child no longer has an excludable illness or condition will be required. before visiting Adventure Kids. We cannot administer any medication or routine medical procedures (i.e., inhalers, nebulizers) No medications are permitted in the center. In the event that a child becomes ill, the parent or emergency contact will be called to pick up the child immediately. Children who are ill will be excluded from other children until they are picked up. Children who are ill must be picked up within 1 hour of notification.
- WA DCYF has a Safe Sleep policy for infants 12 mos. old or younger; infants may not sleep in any restrictive device, they are only allowed to sleep in a crib unless there is a Sleep Exception Form from a health care professional on file. In addition, infants who are not yet able to turnover on their own must be placed on their back to sleep in the crib (only a mattress and fitted sheet are permitted -no blankets are allowed).
- Adventure Kids Playcare does not discriminate against persons with disabilities. However, AKP staff are not trained to care for children with special needs and our services do not include one-on-one supervision.
- Please be sure to update emergency contact phone numbers with our staff. In the event of a medical emergency, we will phone the parent immediately and call 911. If parents are not available, we will contact the emergency contacts.

- Only parents will be allowed to check children in and out of Adventure Kids Playcare. Parents must show their membership card and photo identification upon arrival unless photo of parent is stored in our database. Authorized adults (over age of 18 and with a picture ID) will be able to check children in and out if prior arrangements are made with Adventure Kids and the parent has completed an Alternate Release Form. Children will not be released to anyone without a picture ID.
- The employees of Adventure Kids Playcare are not available for outside employment; including babysitting.
- Children must wear socks in the play area for safety and cleanliness.
- AKP uses positive methods of discipline and guidance that encourage self-esteem, which include praise of good behavior, reminding children of behavior expectations, redirection and brief supervised separation or time-out from the group (located in the front office), when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age. No corporal punishment, physical or verbal abuse, abusive language, or withdrawal of food, naps, or toilet training of any kind is allowed. For the safety of all, children that show repeated misbehavior or biting will be asked to take a two-week respite from Adventure Kids Playcare. AKP reserves the right at any time to terminate care of a child for disciplinary problems or parents who display aggressive or threatening behavior towards AKP staff or other parents.
- Family Savings Plans (FSP) can be used at any location but cannot be used to pay for registration fees, AKU, other discount programs or combined with coupons. FSP plans are non-refundable.
- Policy changes will be made in writing as needed and provided to all parents. Parents may be contacted by phone as needed for information needed in regard to their children.
- The staff of AKP are required by law to report any instance where there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, child neglect or exploitation to the police or Child Protective Services. Notification of the parents is solely dependent upon the recommendation of the police or Child Protective Services. Per WA DEL, AKP staff may conduct a health check on a child if deemed necessary. If your child has had an accident or injury, please notify staff when dropping off so that we can assist in watching the child for side effects. AKP Staff are required to complete annual training on child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect, including sexual abuse. Adventure Kids works with local community organizations on strategies to prevent abuse and neglect and provides this information to parents through newsletters. If parents feel they need assistance with possible child abuse, neglect or sexual abuse, including domestic abuse, we can refer you to a local agency or you can call the National Parent Hotline at 1-855-427-2736 or visit www.helpandhope.org/find-help.html. To report child abuse, neglect or exploitation, call the Washington State DSHS at 1-866-END-HARM (1-866-363-4276)
- AKP operates as a secure, indoor facility. We provide transportation to and from school as arranged. We do not take children out of the center for any other reason except emergency. No other transportation is provided.
- Children will not be released to a parent or any other person who is under the influence of drugs or alcohol.
- AKP prefers NOT to get involved with custody disputes. If your family has a court order on file, please provide us with the most recent certified copy. AKP will follow the court order as written. Per State Law, in the absence of a court order, both parents have equal rights. All registration forms must be completed with both parents information. A copy of the child's birth certificate may be requested at our discretion. In the event that a custody dispute takes place on our property, the local police will be called and asked to handle the dispute. Our staff will not become involved in custody disputes. If a custody issue creates a risk for our facility or staff, AKP has the right to terminate care.
- AKP has an Emergency Plan in place and all staff have been trained on emergency procedures. The Emergency Plan is available for review in our office. In the event of a center evacuation, parents will be contacted immediately. The relocation site is posted at each AKP center.
- Adventure Kids Playcare does not discriminate on the basis of gender, race, color, creed, religion, sexual orientation, gender identity or national origin. However, we reserve the right to refuse service to any person or persons for legitimate business reasons, such as maintaining the safety of our facility and the children in our care.
- I hereby grant Adventure Kids Playcare permission to use photographs/video of my child(ren), taken during their stay at Adventure Kids Playcare, to be used solely for the purposes of Adventure Kids Playcare promotional material, website, and publications. I will make no monetary or other claim against Adventure Kids Playcare for the use of the photographs/video.
- Adventure Kids Playcare is regulated by DCYF. The minimum standards for child care centers and inspection reports are available for review. We maintain an open door policy; parents may visit and observe our center, your child, our activities, and the premises anytime during hours of operation. A manager or director is always available to discuss any concerns about our policies/procedures. Parents who wish to stay in the center with their child must have a completed background check on file.
- **I have read, understand and agree to adhere to AKP's emergency preparedness plan, health policy, pesticide policy and parent handbook. I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies, procedures and release.**

Parent Signature

Member No.

Date



Parent's Health Statement

Child's Name _____ Date of Birth _____

- My child has been examined within the past year by a health care professional and is able to participate in the child care program. I will provide a Physician's Health Statement within one year.
- My child has an appointment for an examination with a licensed healthcare professional.

Date _____

Physician Name _____

Office Phone Number _____

Office Address _____

- Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization.
- My child's immunization record is current and on file at the following listed school:

School _____

Address _____

Phone _____

- I have provided the childcare center with a copy of my child's current immunization record.

Parent Signature

Date