



**ENROLLMENT REGISTRATION INFORMATION**

**\$59 non-refundable enrollment fee per family**

**CHILD INFORMATION:**

Name of Child (First, Middle, Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence: Mother  Father  Both  Guardian

List the family members your child lives with – include names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PRIMARY CONTACT AND RELEASE PERSONS:**

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR AND MEDICAL RECORDS:**

In the event of an emergency requiring a physician's care, we will contact you immediately. Please be sure to bring in a copy of your child's shot records that we can keep on file. You can also fax them to 918-451-9336.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies to any foods, medication, or other- please describe: \_\_\_\_\_

Please list any special precautions for diet, medications or activity if applicable: \_\_\_\_\_

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent to allow my minor child to participate in the free play and activities at Playtime (+).

I understand that while playing, children sometimes will get hurt.

In signing below, I assume risk of harm or injury which may occur to my child as a result of participating in free play and/or activities. I hereby release Playtime (+) and its officers, employees, or agents from any liability, costs and damages resulting in this individual's participation.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR EXCURSIONS AND FIELD TRIP TRANSPORTATION:

We may plan special excursions for the children near the center. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes children taking walks, and at our Eastgate facility, the infants will take strolls in their buggy.

We DO  or DO NOT  have your permission to take your child, \_\_\_\_\_, on these excursions.

We may also plan special field trips for the children away from the center. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes possible field trips planned during spring break, summer camp, fall break, and winter break. You will always receive advanced notice and will be required to provide permission for your child to participate on these field trips.

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is posted in each lobby.

## IMAGE RELEASE CONSENT FORM

As part of our Program we take photographs and videos of children in action as they participate in the classrooms, field trips, different Playtime (+) events, etc. These images could be used in a variety of media including our website, social media, pamphlets, brochures, TV and magazine, public presentations, and welcome packets. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents.

- I, \_\_\_\_\_, have read the above description and **DO** give my consent for the use of the images.
- I, \_\_\_\_\_, have read the above description and **DO NOT** use ANY images of my child(ren) in ANY way.

## EMERGENCY CONTACT AND RELEASE PERSONS:

For the safety of your child, we will request all authorized release persons to provide photo identification at the time of pick-up.

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone/extension: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone/extension: \_\_\_\_\_

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone/extension: \_\_\_\_\_

Name #4: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone/extension: \_\_\_\_\_

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.

- Facility staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must call the facility staff in advance. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the facility, we will use your personal information to verify your identity.
- Please note that we will require payment of any charges due at pick up, this includes persons you have authorized, but are not the primary Parent/Guardian.
- Please notify emergency contacts that they must bring photo identification when they pick up your child.
- For all children's safety, it is critical for anyone entering the facility to sign in and out.
- **Payment Terms and Conditions**  
The undersigned acknowledges and agrees that Playtime (+) operates as a pay-daily facility. A valid credit or debit card must be maintained on file at all times. All fees and charges incurred for services will be processed as autopay on a daily basis to the primary card on file. In the event the primary card is declined, Playtime (+) reserves the right to charge any additional card(s) provided by the undersigned. All credit card transactions will incur a 3% processing fee.
- Failure to maintain a current and valid form of payment, or failure to pay any outstanding balance in full, will result in the immediate suspension of services, and the child(ren) may not return to the facility until the account is brought current. Any account remaining unpaid may, at the discretion of Playtime (+), be referred to a third-party collections agency, and the undersigned shall be responsible for all associated costs, including but not limited to collection fees, attorney's fees, and court costs.
- Parent/guardian and all authorized individuals agree not to post negative or disparaging content about Playtime (+) on any social media platform.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_