

THE SPOT KIDS REGISTRATION FORM

Today's Date:		Family's Last Name:	
FAMILY INFORMATION			
Mother's name:		Father's name:	
Child's Name 1:	Child's Name 2:	Child's Name 3:	Child's Name 4:
[Birthday]	[Birthday]	[Birthday]	[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 _____			
EMERGENCY INFORMATION			
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:	
AGREEMENT			
<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.</p>			
<div style="border-top: 1px solid black; width: 100%;"></div> Parent/Guardian signature		<div style="border-top: 1px solid black; width: 100%;"></div> Date	