



Registration Form

RECORD INFORMATION

Parent/Guardian Name(s) _____

Who does child reside with? Both _____ Mother _____ Father _____ Other _____

Address _____

City _____ State _____ Zip _____ Email _____

How can we best reach you? _____

Home phone _____

Cell phone _____

Child name(s) _____

Date of Birth _____

Male or Female? _____

Child's physician _____ phone # _____

Allergies: _____

Medical conditions:

Insurance Provider _____ Policy # _____ Plan _____

Child name(s) _____

Date of Birth _____

Male or Female? _____

Child's physician _____ phone # _____

Allergies: _____

Medical conditions:

Insurance Provider _____ Policy # _____ Plan _____

Child name(s) _____
Date of Birth _____
Male or Female? _____
Child's physician _____ phone # _____
Allergies: _____
Medical conditions:

Insurance Provider _____ Policy # _____ Plan _____

Child name(s) _____
Date of Birth _____
Male or Female? _____
Child's physician _____ phone # _____
Allergies: _____
Medical conditions:

Insurance Provider _____ Policy # _____ Plan _____

Emergency contact name and numbers:

- 1. _____
- 2. _____
- 3. _____

Persons authorized to pick up child:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

*How did you hear about us? _____

To aid us in our staffing, please respond to the following:

- 1. How will you most likely use the center? (Gym, Regular Drop-in, After School Care)

2. **How often during the week will you visit the center? Please include days of week and times?** _____

Registration Fee

A non-refundable registration fee of \$25.00 will be charged to enroll your family in Kidspace. Checks are preferred, and they should be made payable to Kidspace of Maryland, Inc. This registration fee is to be paid prior to commencement to drop-in care.

Registration Fee Paid

Kidspace of Maryland, Inc. - Indemnity Agreement

1. ACKNOWLEDGEMENT OF RISK: I (the "INDEMNIFIER") understand and acknowledge the risks and dangers associated with my child's participation in the programs and services offered by Kidspace of Maryland, Inc. (hereinafter referred to as the "PROGRAMS"). These risks include, but are not limited to, the following: the dangers of falling off playground equipment, collision with other children, aggression by other children, choking, and other dangers associated with the facility, active play, and/or the equipment or materials at the facility.

2. INDEMNIFICATION: I agree to **HOLD HARMLESS, RELEASE, DEFEND AND INDEMNIFY** Kidspace of Maryland, Inc. and its owners, affiliates, employees, successors, assigns and agents (hereinafter referred to as the "INDEMNITEES"), for any liability, claim, suit, expense, or loss arising from my child's participation in the PROGRAMS, including those claims based on any INDEMNITEES alleged or actual negligence. I acknowledge and agree that I am freely and expressly assuming any and all risks of property damage, personal injury, or death resulting from my child's participation in the PROGRAMS.

3. AUTHORIZATION TO ADMINISTER MEDICAL CARE: I authorize any owner or employee of Kidspace of Maryland Inc. to administer first aid or CPR to my child if, in the opinion of the owner or employee, medical care is needed for the child. Further, I authorize any owner or employee of Kidspace to call for such medical care for my child or to transport my child to the appropriate clinic or hospital if, in the opinion of the owner or employee, professional medical care is needed for the child. I agree to pay all costs associated with such medical care and related transportation for my child and **INDEMNIFY and HOLD HARMLESS** the INDEMNITEES from any costs incurred therein.

4. SEVERABILITY: If any parts of this Agreement shall be held unenforceable for any reason, the remainder of the Agreement shall continue in full force and effect. If any provision of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

5. BINDING EFFECT: The covenants and conditions contained in this Agreement shall apply to and bind the INDEMNIFIER and the INDEMNITEES and their heirs, legal representatives, successors and permitted assigns.

6. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland.

7. **WAIVER:** The failure of either the INDEMNITEES or the INDEMNIFIER to enforce any provisions of this Agreement shall not be deemed a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.
8. **PERMISSION TO PHOTOGRAPH AND VIDEOTAPE:** By early 2009, we will have security cameras at Kidspace. We use these cameras to allow you to see your child when you are not present. Parents will be allowed access to viewing ONLY when their child is visiting the center. Children may be used on our website (www.visitkidspace.com). Photos or videotapes of your child will never be published in any way without your express, separate permission. By signing this form, you are giving us permission to photograph/videotape your child in the preschool setting for these uses.

Kidspace Medical Waiver

In the event of an emergency, I grant permission to Kidspace of Maryland, Inc. and its employees to seek necessary emergency medical assistance for my child. If necessary, my child may be taken by ambulance to the nearest hospital or clinic for appropriate medical services. My child will be accompanied by a designated employee according to this center's policy. Contacts will be made to the parent/guardian or authorized persons. Information from my child's records at the center will be used to obtain necessary medical information. I/We will be solely responsible for all medical costs, ambulance fees, etc.

Kidspace Required Child Documentation

Kidspace is a Maryland State Licensed Child Care Facility. It is required by law that all children who are placed in this center have the following documents up-to-date. Our staff would be happy to help in any way in an effort to obtain these records.

- Emergency Form – OCC 1214
- Health Inventory – OCC 1215

In addition, within 30 days of registration, the center requires that all parents, guardians, and/or caregivers complete the following:

- Read and signed the Kidspace Parent Handbook

(Administrative staff to confirm and check boxes of all documents on record.)

Please sign to confirm that you have read and agree to all the above terms and conditions.

Signature of Parent/Guardian

Date

Parent/Guardian's Full Name (Please Print)

Contact Phone Number(s)

Signature of Parent/Guardian

Date

Parent/Guardian's Full Name (Please Print)

Contact Phone Number(s)