



Kids Works Registration Form 4/2011

"Kids Works is fun and a parents work is done"

1 Child's Last name _____ First _____ Nickname _____

2 Child's Last name _____ First _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Home Phone number _____

Mother's name _____ SS# _____

Home address (if different from above) _____

Employer: _____ Occupation _____

Work address _____ Work number _____ Cell _____

Father's name _____ SS# _____

Home address (if different from above) _____

Employer: _____ Occupation _____

Work address _____ Work number _____ Cell _____

1 Child's Birthday Month _____ Day _____ Year _____

2 Child's Birthday Month _____ Day _____ Year _____

Emergency contact _____ Phone# _____ Relationship _____

Parents are responsible for all emergency medical treatments

Insurance Company _____ Policy Number _____

Any Allergies _____

Any Fears _____

Any Food Dislikes _____

Special Requests _____

Any Illness or unusual condition _____

Other Childcare Centers attended in Casper _____

Child's Physician _____ Phone# _____

Child's Dentist _____ Phone# _____

Daily Care Days _____ From _____ To _____

Only the following person(s) may remove my child (ren) from Kids Works LLC without previous notice

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Waiver: I hereby agree to waive any liability for Kids Works LLC, in case of an accident, incident, or occurrence which happens while my child is playing at Kids Works or is on the premises of Kids Works. I also agree to allow any supervisor at Kids Works to administer emergency medical care or to admit my child to see a doctor or go to the hospital in case of emergency

At Kids Works LLC our primary concern is for the safety of our most important assets, our customers. We will do everything in our power to prevent accident or injury to our customers. Unfortunately, accidents do happen no matter how closely the children are supervised. Kids Works has a play at your own risk policy and accepts no financial or legal responsibility.

I do hereby forever release and discharge Kids Works from any claims, demands, injuries damages, actions or causes of action and from all acts of active or passive negligence on the part of such company, corporation, LLC, its servants, agents or employees.

Payment: I agree to pay for services provided for my child (ren) at time of service. I also agree to pay all costs for collections and reasonable attorney's fees, in case the account goes to collection. If you intend to discontinue our services for P/T, M/T or F/T childcare, written notice must be given two weeks prior.

Tax statements and EIN # are available at the end of the year when account balances are paid in full.

Parent signature _____ Date _____

Parent signature _____ Date _____

Current Financial Institution _____

Two weeks of full time tuition will be billed to your account if you fail to give two weeks written notice _____

I received, understand and will abide by the Policy Statement. Payment for private pay child care shall be made at the time of the service, or for those using part, mid or full time care, payments need to be made each Monday or on the first day of attendance that week. You may choose to pay bi-weekly or monthly if paid in advance. Payments for clients who receive DFS assistance are required to pay the co-pay for the week one week in advance. If payment for private or DFS assistance is not paid in advance or the day of childcare services start for the week, services will be terminated until payment is made. _____

I give permission to use antibiotic cream, including Neosporin, AD ointment, Destin, Children's Tylenol (\$1.25 per dose), sunscreen (.50 cents per day drop in rate) if needed. _____

I have enrolled my child (ren) in Kids Works Pre-school, Summer Program, Part, Mid, or Full Time Care and understand that there will be a minimum charge of \$100.00 per week. _____

I give permission to my child (ren) on walking field trips, El-Marko Bowling Lanes, and surrounding parks. _____

My child's Immunization records will be turned in by the end of the first week of attendance _____

