



Free Time Kids Playcare, Inc.  
**REGISTRATION FORM**

Family ID # \_\_\_\_\_  
 Staff Initials \_\_\_\_\_  
 Date \_\_\_\_\_

**Family Information**

**GUARDIAN 1**

Circle Relationship: Parent Step-Parent Foster Parent Grandparent Relative Friend  
 First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Would you like to receive our monthly newsletter and promotions via email?  Yes  No

**GUARDIAN 2**

Circle Relationship: Parent Step-Parent Foster Parent Grandparent Relative Friend  
 First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Email: \_\_\_\_\_  
 Would you like to receive our monthly newsletter and promotions via email?  Yes  No

**CHILD 1**

First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**CHILD 2**

First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**CHILD 3**

First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**MARKETING**

How did you hear about us \_\_\_\_\_  
 Do you give us permission to take and use photographs of your child(ren) for marketing purposes:  Yes I do  No I don't

**MISC:** FTKP has emergency drills on a routine basis, do you give permission for your child(ren) to participate if he/she is present during this time:  Yes I do  No I don't

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: It is the guardian's responsibility to inform Free Time Kids Playcare of any updates or changes to this form.

**Child Information**

	List Child's First Name	List Child's First Name	List Child's First Name
	Child 1 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained	Child 2 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained	Child 3 _____ <input type="checkbox"/> Diapers <input type="checkbox"/> Training <input type="checkbox"/> Trained
Medications Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food or Medical Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Medical Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision/Hearing/Speech Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on Immunizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain all YES answers here and the child's name, along with any other important information that you feel the staff should know

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You MUST fill out at least one authorized individual for pick up other than the guardian(s). In the event of emergencies, we will contact the listed individuals if the guardian(s) listed cannot be reached.

**AUTHORIZED PICK-UP 1**

Relationship to Child: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

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

**FTKP Staff to Obtain the Following:**

Driver's License # \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Pick-Up 1 Signature \_\_\_\_\_ Would you like to receive our Newsletters: \_\_\_\_\_

**AUTHORIZED PICK-UP 2**

Relationship to Child: \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

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

**FTKP Staff to Obtain the Following:**

Driver's License # \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Pick-Up 2 Signature \_\_\_\_\_ Would you like to receive our Newsletters: \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: It is the guardian's responsibility to inform Free Time Kids Playcare of any updates or changes to this form.



Family ID # \_\_\_\_\_  
Staff Initials \_\_\_\_\_  
Date \_\_\_\_\_

**Registration Agreement**

I represent that I am the parent, legal guardian, or authorized individual of each child on this registration form and that I, on behalf of myself, my spouse, listed child(ren), or the parents/legal guardians of each listed child(ren) on this Agreement Form, enter into this Agreement Form (Agreement) with Free Time Kids Playcare, Inc. From this moment forward each designated child on the Agreement form will be referred to as "my Child", I will be represented as the "parent", and Free Time Kids Playcare, Inc. will be referred to as "FTKP".

**Facility Use.** I understand that FTKP is a drop-in childcare and provides care on a non-routine basis. I further understand that FTKP is a legally licensed exempt facility due to its nature of business, that provides quiet and active playtime, to include but not limited to, arts and crafts and play equipment. If a child is in FTKP's care during a meal time, I understand that I can choose to bring a peanut-free meal in with my child or a meal can be purchased from FTKP. I also understand that if a meal is not provided for my child and my child is present during a meal time, a meal will be provided at my cost. I also understand that the facility at FTKP is used for all day seasonal camps that are available to school-aged children.

**Future Visits.** The Registration Form, including this Agreement page, will be kept on file with FTKP and constitutes binding obligations for any future visits my Child may make to FTKP. FTKP reserves the right to refuse admission to any child for any reason and without liability.

**Payment.** Payment for FTKP services are due upon each pickup and can be made in cash, check, or credit/debit card. The fee is calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visit, and adding any other additional costs that have incurred, such as, late fees, meals, diapers, and retail items. If a package was purchased, time used will be posted against this package and any overage is to be paid in full at time of check-out with the same calculation as above. FTKP reserves the right to refuse payment by check and charges a fee for any returned checks.

**Pick Up.** Children are only released to those authorized on the Registration Form. All designated individuals must present a valid driver's license or state issued identification card with information corresponding to the information provided on the Registration Form. Children will not be released if identification is not supplied.

**Health and Illness.** My Child is in excellent health and physical condition and has no medical, physical, or psychological condition which has not been disclosed to FTKP on the Registration Form. My Child also does not have any infectious, contagious, or communicable diseases. If my child becomes sick with a contagious illness after visiting FTKP, and the visit was during the gestation period, I agree to notify FTKP as soon as possible. FTKP, in its discretion, will notify each family of those children who may have been exposed.

**Medical Release.** Although, it is the goal of FTKP to provide a safe environment, it is possible my child could get injured. If such an incident occurs, I authorize FTKP to follow its internal procedures, to include simple first aid deemed reasonably appropriate. I do understand however, that FTKP will not be required to strictly follow these guidelines when FTKP believes circumstances may require otherwise. In the event that FTKP determines that emergency medical attention is necessary for my Child, I authorize FTKP to act as my agent and give permission for my Child to be attended to by a physician. I further understand that FTKP only administers medications used in life threatening situations, which include: EpiPens and Inhalers, at their discretion. These medications must be provided to FTKP each visit and a Medication Authorization Form must be on file.

**Safety/Indemnity.** I agree that FTKP may take action, which it considers prudent to protect the safety of my Child, and other children visiting FTKP. I further agree that I hereby waive and release all rights, causes of action and claims against Free Time Kids Playcare, Inc., its Officers, Directors, Agents, and Employees and all of its affiliates, for any loss, expense, damage or injury suffered by my Child or my property, including the possible negligence of FTKP, but excluding gross negligence and intentional misconduct, during the time my Child visited FTKP. I further agree that I hold FTKP harmless from all actions, claims or liability, including attorney fees and court costs, directly or indirectly caused by my Child or resulting from any inaccuracy or omission made by me in completing the Registration Form.

**Additional Requirements.** As a condition to my use of FTKP, I agree that I have accurately completed and signed the Registration Form and that FTKP will rely on this information while caring for my Child. I agree that I will pay all costs arising out of any action relating to this Agreement or the Registration Form for collection purposes or otherwise.

By signing this release I appoint FTKP to provide temporary childcare for my Child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding all aspects of FTKP. I am not relying on any promises or statements made by FTKP, other than those written in the documents supplied to me by FTKP. I understand that this release will be kept on file with FTKP and will continue in effect for this and any future visits my Child may make to FTKP. I HAVE READ THE AGREEMENT CAREFULLY AND FULLY UNDERSTAND THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING

\_\_\_\_\_  
Signature & Date of parent/legal guardian or authorized individual

\_\_\_\_\_  
Signature & Date of FTKP Authorized Representative



Family ID # \_\_\_\_\_  
Staff Initials \_\_\_\_\_  
Date \_\_\_\_\_

Free Time Kids Playcare, Inc.  
IMMUNIZATION AGREEMENT

For the safety of others at Free Time Kids Playcare, all staff and children must be up to date on their immunizations. For your convenience, we will still provide service to your child as long as they are current on their vaccinations and the below is complete:

- A signed Registration Form with the Immunization section completed
- A signed Immunization Agreement form stating that you will provide to us a copy of this information within 30 days, otherwise your child will not be accepted until received.

I acknowledge that I will need to provide Free Time Kids Playcare, Inc. with my child(s) immunization(s) record within 30 days of registration. If I fail to do so, FTKP will not provide service until this has been received.

CHILD 1:	CHILD 2:	CHILD 3:
Name _____	Name _____	Name _____
Age _____	Age _____	Age _____

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

We sincerely appreciate your understanding and patience in this manner. Your child's health and safety is our number one concern.

If you have any questions or concerns, please contact one of our management staff. Thank you!



### Guidelines for Positive Discipline (Discipline Policy)

At Free Time Kids Playcare, Inc., we are committed to providing a supportive environment where children can feel safe & secure. Our discipline policies and procedures intend to help children learn self-discipline as they build self-esteem. The below guidelines were created with this in mind. We DO NOT use physical discipline at any time.

1. *We have an environment that decreases the probability that a child will behave inappropriately.*
  - Our education is all play-based and encourages active involvement by our caregivers. This gives us the opportunity to notice signs of irritability in a child, which allows us to redirect or distract the child prior to unacceptable behavior fully occurring.
  - We offer a planned curriculum that actively involves children in our care. We include a wide array of developmentally appropriate activities and learning through play with real objects and materials.
2. *We set realistic expectations for children's behavior.*
  - We realize that oppositional behavior is completely normal for young children. We accept their struggle for independence and recognize it as an important developmental milestone.
  - We clarify our expectations for children in a manner they can clearly understand.
3. *We focus on positive communication techniques in order to gain children's cooperation.*
  - We pay close attention to the feelings that the children are expressing, and we show our acceptance and understanding.
  - We use positive encouragement throughout their care.
4. *We turn destructive situations into constructive ones.*
  - We provide alternatives so that children are given an opportunity to learn more acceptable ways of behaving in the situation.
  - We recognize and acknowledge children's feelings and goals and redirect as appropriately.
5. *We use age-appropriate techniques to empower children to make responsible decisions.*
  - We assist children in recognizing the feelings of others.
  - We encourage children to develop their ability to solve their own problems by modeling conflict resolution skills as follows:
    - We actively listen to the problem; which will then defuse the anger
    - We acknowledge and support the children's feelings
    - We assess the situation by using information that was provided
    - We explain our thoughts on the problem clearly and objectively
    - We assist the children in developing multiple solutions to the problem
    - We engage them in evaluating the solutions
    - We involve the children in deciding on a solution and planning of its implementation
6. If needed, we will provide children with "renewal" time as a way for children to have time and space to themselves for calming. We often find that children just need this moment to readjust their emotions. We will not view this time as "punishment" and we only limit it to 1 minute per year of the child's age; unless a child prefers to stay in "renewal" time.

In addition to our Guidelines for Positive Discipline, we have an Anti-Bullying Policy that we enforce. If a child is acting in a behavior that we classify as Bullying, a discussion with the family will be done, per this policy. At no time will we accept bullying behavior in our facility.

I read and understand the Free Time Kids Playcare, Inc. Guidelines for Positive Discipline (Discipline Policy).

\_\_\_\_\_  
Child(ren) Name(s)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Family ID # \_\_\_\_\_  
Staff Initials \_\_\_\_\_  
Date \_\_\_\_\_

## Media Authorization and Release Form

### PARENT/LEGAL GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHILD 1 INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### CHILD 2 INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### CHILD 3 INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby give Free Time Kids Playcare, Inc. (FTKP) the right to use photographs of:

MYSELF                       CHILD(REN)                       BOTH

I understand photographs AND reviews written or posted by myself or significant other may be used in the media, including: electronic media and advertising. I further understand that I have the right to revoke this authorization at any given time by providing written notice to FTKP and allowing for 30 days for pictures to be removed.

I understand there are no guarantees that photos or reviews will be used.

I also understand that I will not receive any monetary payment for the use of these photos or reviews

Signature \_\_\_\_\_ Date \_\_\_\_\_