

Kids Clubhouse

1476 Newpark Boulevard
435-940-1607

The Clubhouse Parent Registration Policies and Procedures

I understand that:

1. My child will be attending Kid's Clubhouse
2. Cost is \$15.00/hour for the first child and \$5.00/hour for each additional **sibling**.
3. Reservations are strongly recommended to guarantee my child a place in Kid's Clubhouse.
4. A credit card number is required to confirm reservations. Confirmation of a reservation or subsequent cancellation will be made by email.
5. Reservations must be cancelled by 5pm two (2) days before your scheduled reservation to receive a full refund. Reservations cancelled for **ANY REASON** after 5pm two days before, but before 24 hours will be subject to a \$40 charge **per child**. Cancellations made **within 24 hours FOR ANY REASON** will be charged for the full time of the reservation.
6. Changes to the time of the reservation may be made up until 24 hours before the scheduled reservation.
7. If you are more than 10 minutes late for any reason you will be considered a no show and your reservation may be given away and you will be charged for the **full time** of your reservation.
8. Your reservation will be charged from the time it is scheduled to start regardless of the reason you are late, if we do not get a call see above.
9. My child will be picked up by the end of the time for which he or she is enrolled, unless a staff member agrees upon another time. If the parent cannot pick up the child, only individuals that I have specified on the registration form will be allowed to remove my child from the center with proper identification.
10. For the safety of my child, I agree to sign in and out upon arrival and departure with a full signature.
11. **My child's IMMUNIZATIONS are CURRENT and will be kept UP TO DATE. _____ INITIAL**
12. **I will immediately notify Kid's Clubhouse owner/director if my child contacts an infectious disease.**
13. In the event my child becomes ill, I will pick him/her up from Kid's Clubhouse immediately and I will not be eligible for a refund.
14. Childcare professionals are required by law to report any suspected child abuse.
15. The center's licensing agency shall have the authority to interview, inspect and audit clients, children and staff. Licensing agency also has the authority to examine all record related to the operation of the facility.
16. I expect to be treated with respect by all staff and I will treat all Kid's Clubhouse staff with respect.
17. I will keep the center informed of any changes in my family status, such as new phone number, address or circumstances that might affect my child's behavior.
18. I will complete all forms as required for enrollment.
19. I understand my child's DOB may be verified with other licensed agencies.
20. I will pick up my child no later than 6:30pm Mon-Thurs and 10pm Friday-Saturday, 6pm on Sunday (hours subject to change seasonally) or be subject to late charges of \$1 per minute.
21. I understand that my child will not be subjected to corporal punishment or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, mental abuse, or other actions of a punitive nature including but not limited to: Interference with the daily living function, including eating, sleeping, toileting.
22. I agree the release of liability will be valid for each visit to Kid's Clubhouse, including all locations.
23. I understand that I have the right to inspect and/or drop in the center at any time.
24. I understand that time outs will be enforced when needed. Time outs will be given age appropriately.
25. I understand that my child may be in the center with children with disabilities.
26. I understand that Kid's Clubhouse will contact me if my child cries uncontrollably for more than 30 minutes (unless a shorter time is noted by parent on Registration and Liability Release Agreement). At the end of 30 minutes (or parent stated time), the child **must** be picked up from Kid's Clubhouse. You will be charged for the full time of your reservation.

Child's name _____

Signature of Parent/Guardian _____ Date _____

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Children's Center Registration and Liability Release Agreement
Fully licensed under the State of Utah Child Care Regulations

www.parkcityclubhouse.com

Kids Clubhouse

Please print legibly and complete all areas. The form only needs to be filled out once per year. One form per family is required with all children's information.

Child's FULL NAME: _____ Age: _____ DOB: _____ Gender: M F

Child's FULL NAME: _____ Age: _____ DOB: _____ Gender: M F

Parent's full name: _____

Home phone: () _____ Work or cell phone: () _____

Home address: _____ City: _____ State: _____ Zip code: _____

Email address: _____ Would you like to be added to our email list? Yes () No ()

Physician's name: _____ Phone: () _____ City: _____ State: _____

Persons authorized to pick up your child: _____ Relationship to child: _____

In the event of an emergency, please contact (someone other than yourself):

Name: _____ Relationship to child: _____ Phone: () _____

Medical conditions and or allergies (including food): _____

Is your child on any medications? _____ (The Clubhouse will not administer any medications)

If your child cries, after what amount of time should we contact you? _____

Please inform us of anything that would help better your child's experience with us.

Release of Liability Parents, PLEASE READ CAREFULLY.

I GIVE MY CONSENT for the minor child listed on this form to participate at Kid's Clubhouse's program. I agree to abide by any and all rules and policies of Kid's Clubhouse as outlined on this agreement and registration form.

I UNDERSTAND AND AGREE that some risk and hazards cannot be eliminated even if said minor's participation is under the supervision of Kid's Clubhouse and its employees.

I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, AND TO INDEMNIFY AND HOLD HARMLESS KID'S CLUBHOUSE, KID'S CLUBHOUSE OWNERS, OFFICERS, AFFILIATED ORGANIZATIONS, AGENTS AND EMPLOYEES FOR ANY AND ALL CLAIMS FOR DAMAGE, INJURIES, DEATH TO SAID MINOR CHILD(REN) OR ANY PERSON OR PROPERTY CAUSED BY OR RESULTING FROM SAID MINOR CHILD(REN)'S PARTICIPATION.

I GIVE CONSENT to Kid's Clubhouse to provide any and all emergency first aid treatment and or refer treatment to a duly licensed physician (MD), dentist (DDS), or other medical provider to the participant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the participant. I authorize said minor's transportation to a medical facility, at my expense, as deemed necessary by Kid's Clubhouse.

I hereby grant exclusive permission to Kid's Clubhouse and its agents, to use my child's name and photograph for the purpose of publicity, public relations, editorial or other advertising purpose without restriction as to frequency or duration.

If I am signing this liability release on behalf of a minor, (less than 18 years of age) I represent that I am the parent and or legal guardian of such child; I accept responsibility for all the medical expenses incurred in connection with the program; I agree to indemnify the released parties for any and all claims whatsoever brought by the child; and I agree to indemnify the released parties for any and all claims brought by a third party arising in connection with the child.

I HAVE READ AND AGREE TO ALL THE ABOVE POLICIES AS OUTLINED IN THIS REGISTRATION FORM AND RELEASE OF LIABILITY. I UNDERSTAND THAT FAILURE TO FOLLOW ANY CHILDCARE CENTER OR STATE OF UTAH POLICIES MAY LEAD TO DENIAL OF THE CHILD'S PARTICIPATION IN THE PROGRAM. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM OF AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SAID MINOR AND MYSELF, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of parent/legal guardian: _____ Date: _____

PLEASE PRINT YOUR FULL NAME: _____