



Registration Date \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_

# Afterschool Registration

Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Work# \_\_\_\_\_ Cellular# \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_  
School: \_\_\_\_\_ Room # \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\*\*\*\*Registration will not be processed without the required non-refundable/non-transferable \$35.00 deposit.

## Emergency Contact:

If neither parent/guardian is available in an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: \_\_\_\_\_

Please list all persons authorized to pick-up your child

\_\_\_\_\_

Please list all persons NOT authorized to pick-up your child

## Check allergies or illness if applicable:

\_\_\_\_ Hay fever \_\_\_\_ Poison Ivy/Oak \_\_\_\_ Heart Disease \_\_\_\_ Sleep Walking \_\_\_\_ Asthma  
\_\_\_\_ Convulsions \_\_\_\_ Penicillin \_\_\_\_ Diabetes \_\_\_\_ Motion Sickness \_\_\_\_ Sulfa \_\_\_\_ Ear  
Infections \_\_\_\_ Headaches \_\_\_\_ Insect Stings \_\_\_\_ Nosebleeds \_\_\_\_ Food  
\_\_\_\_ Other

Date of last health examination \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

**Note:** No medication or drugs of any kind will be given without written permission from a Parent/Guardian and doctor.

## Health Certification

This is to certify that \_\_\_\_\_ is in good physical condition; has had no recent exposures that would be contagious for others, and has my permission to participate in the total program. In case of emergency, I understand every effort will be made to contact the parents or guardian of student. In the event I can not be reached, I hereby give my permission to the physician selected by the Director to hospitalize, and secure proper treatment for my child as named above. I certify in addition that my child has had no operations or serious illness between her last health examination and the opening of school session.

SIGNATURE OF

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## Parent Agreement

This letter outlines important information, and your signature below means you will comply with the statements included.

Please read and sign. Thank you!

I understand:

- \* I will make full payment and complete all required paperwork prior to the start of each week. If payment is not received by start date, registration will automatically be cancelled and a child from the waiting list will be called.
- \* No refunds will be made after the due date without a written statement from a licensed physician.
- \* In the event of an emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the adult in charge to secure emergency treatment for my child.
- \* My family health insurance will provide primary coverage for such medical treatment.
- \* Sugar N Spice Parties, Inc. /iPlay for Kids will not be responsible for loss of valuables. I will label my child's personal items.
- \* My child will abide by all rules and regulations.
- \* Proper behavior is required and there will be no refund if my child should be sent home due to misbehavior, or behavior which represents a danger to themselves or to others.

Print full name: \_\_\_\_\_

Signature of Parent/Guardian (in ink) \_\_\_\_\_