



STAY & PLAY
DROP-IN CHILDCARE

Registration Form

Registration Date _____

Registration Fee (Drop-In): \$15 ___ Paid

Registration Fee (PDO): \$50 ___ Paid

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone-Mom _____ Work Phone-Mom _____

Cell Phone-Dad _____ Work Phone-Dad _____

Email: _____ Email (2): _____

Child's Name _____

DOB ___/___/___

Immunizations Current? (Y)___ (N)___

Child's Name _____

DOB ___/___/___

Immunizations Current? (Y)___ (N)___

Child's Name _____

DOB ___/___/___

Immunizations Current? (Y)___ (N)___

In an emergency whom should we contact if unable to reach parents?

Name _____ Phone _____

Name of person(s) other than the parents who pick up child from center:

Name _____ Phone _____

Please list each child that has any of the following medical conditions:

ADD _____ ADHD _____ Allergies _____ Asthma _____

Diabetes _____ Downs Syndrome _____ Deaf _____

Blind _____ Other Conditions _____

Pediatrician/Practice Name _____ Phone _____

My child is in good health at this time. Yes _____ No _____

If no, please state why _____

In the event of an emergency, every effort will be made to contact you immediately. If the parents cannot be reached and medical care is necessary, we will call an ambulance to transport the child to the closest hospital. We will not be responsible for any medical charges incurred. In the event of a medical emergency, Stay and Play Drop-In Center has my permission to administer or authorize first aid and/or life saving treatment to the children listed above.

I am aware the Stay and Play Drop-In Center is a “drop-in” facility, not a full-time daycare facility, and that Tennessee Law limits each child’s stay to 7 hours per day and 14 hours per week during the hours of 6am to 6pm Monday through Friday with a total stay allowed of 20 hours per week when combined with other hours. I am also aware that I am giving my consent to release my child to any of the above-mentioned contact persons in case of emergency, if I cannot be reached. I hereby state that all information above is correct and complete. I hereby release Stay and Play Drop-In Center from any liability resulting from normal child play, and any further liability as set forth in the WAIVER AND RELEASE OF LIABILITY FORM. Said form is hereby incorporated as if fully and completely copied verbatim.

Signature (Mother) _____

Signature (Father) _____

Guidelines for Stay and Play Drop-In Center

1. Please do not bring any sick children to the Stay and Play
2. We use TIME-OUT as our method of discipline.
3. We ask that shoes please be removed before entering
4. Children may bring snacks and meals. We provide snacks but not meals.
5. Please leave personal toys at home. We are not responsible for lost or broken toys or electronics.
6. No chewing gum or candy will be allowed in the play area
7. Children will not be required to nap, but may do so if they wish.
8. We may charge a late fee for children picked up after closing.
9. We may need to contact a parent during a child's stay. We ask that you be available to answer your cell phone if contacted, or leave a number available to receive text messages.
10. Parents are requested to list an accurate estimated return time. Parents will be called if children are not picked up within two hours of the estimated return time. You are welcome to call and extend the time by phone, if necessary.

We seek to provide a clean, fun, and safe environment for children at all times. If you have any suggestions to make Stay and Play a better place, please let us know.

I have read and understand all above listed guidelines.

Signature of Parent or Legal Guardian