



VIP # \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

**FAMILY NAME:**

\_\_\_\_\_

**PARENT**

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

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

E-mail Address: \_\_\_\_\_

**PARENT 2**

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

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

E-mail Address: \_\_\_\_\_

**BILLING INFORMATION**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**CHILD 1**

First/Last Name: \_\_\_\_\_  Girl  Boy

Name Called: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age in Years \_\_\_\_\_

**CHILD 2**

First/Last Name: \_\_\_\_\_  Girl  Boy

Name Called: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age in Years \_\_\_\_\_

**CHILD 3**

First/Last Name: \_\_\_\_\_  Girl  Boy

Name Called: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age in Years \_\_\_\_\_

	CHILD 1	CHILD 2	CHILD 3
	<input type="checkbox"/> diapers <input type="checkbox"/> training <input type="checkbox"/> trained	<input type="checkbox"/> diapers <input type="checkbox"/> training <input type="checkbox"/> trained	<input type="checkbox"/> diapers <input type="checkbox"/> training <input type="checkbox"/> trained
Medications Taken	Yes No	Yes No	Yes No
Serious Allergies	Yes No	Yes No	Yes No
Other Allergies	Yes No	Yes No	Yes No
Serious Medical Conditions	Yes No	Yes No	Yes No
Vision/Hearing Problems	Yes No	Yes No	Yes No
Dietary Restrictions	Yes No	Yes No	Yes No
Any Other Medical Issues	Yes No	Yes No	Yes No
Behavior Issues	Yes No	Yes No	Yes No

Please explain any YES answers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note any restrictions your children have (TV/Video-games/religious): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list authorized pickup people **other than parents**; we must have **at least one contact** other than parents- in case of an emergency where we were unable to reach you. **Authorized pickup people must reside within a 30 minute drive of the center.**

**INFORMATION FOR AUTHORIZED PICK-UP PERSON #1**

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

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

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

**INFORMATION FOR AUTHORIZED PICK-UP PERSON #2**

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

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

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

*In the event that you need to pick up your child and do not have a photo ID, you may use a password. Note that this password may only be used by parents. You may also specify an "Info only" password that is used for obtaining information over the telephone.*

Enter Password: \_\_\_\_\_

Purpose of password:  pickup  info  both

**CUSTOMER SOURCE**

How did you hear about us? \_\_\_\_\_

At times, we display pictures of the children playing and having fun. We would like your permission to photograph your child use on our website and possibly marketing materials. Please let us know what your wishes are regarding the situation.

Yes, I give my consent for my child to be photographed

No, I do not want my child photographed

\_\_\_\_\_  
Date / Signature of Parent/Legal Guardian

On behalf of myself, my spouse, and each child designated (my Child ) I enter into this Admission Form Agreement ( Agreement ) with Carolina BRATS, LLC dba Right Time Kids, regarding the provision by Right Time Kids of a supervised, indoor play environment for my Child(ren). Hereinafter the term RIGHTTIME KIDS USA Inc. shall refer to Carolina BRATS, LLC and those drop in centers owned and operated by Carolina BRATS, LLC and shall not refer to the corporate entity RightTimeKIDS, Inc. or the drop in centers owned and operated by any other RIGHTTIME KIDS USA Inc. licensee.

**1. Facility Use:** Subject to this Agreement and other terms as drop-in, short-term child care for my Child on a flexible time basis which includes use of facilities and participation in art and play activities. RightTimeKIDS facilities may only be used for nonemployment related purposes, there is no time limit that a child may be in attendance at a RightTimeKIDS center as long as this is adhered to. The service may not be used for regular care and I agree that this will not occur on a regular basis and does not constitute regular care. RightTimeKIDS does not take field trips, provide transportation, or employ Community Resource Services.

**2. Future Visits:** This Agreement, the Registration Form and the Release will be kept on file at RightTimeKIDS and still continue to constitute binding obligations for any future visits my Child may make to RightTimeKIDS. However, this Agreement does not obligate Right Time Kids to continue to provide services, and RightTimeKIDS reserves the right to refuse admission to any child for any reason without liability.

**3. Child Pick UP.** Children are only released to those authorized on this form, or on a registration update form. All persons picking up must present a photo ID, the information on the ID must correspond with information provided on this form, at the front desk prior to the children being released from the play area.

**4. Payment:** Payment for RightTimeKIDS services will be due at the time of each check-out in cash, check, charge or debit card in the amount calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visit, and for posted amounts for other services, such as meals and retail items. If a block of hours has been purchased all time used will be debited against the package or block of hours purchased, and any fees due will be the result of usage over the block of hours purchased or the purchase of other RightTimeKIDS services. RightTimeKIDS may refuse to accept Payment by check, and may charge a fee in the amount prescribed at the time of visit for each returned check. Any changes in fees will be posted for at least 30 days.

**5. Health Policies:**

**a) Health:** My Child is in excellent health and physical condition and has no medical, psychological, physical, or mental condition, which has not been disclosed to RightTimeKIDS on the attached Registration Form. My Child does not have any infectious, contagious, or communicable diseases.

**b) Illness:** In the event that my Child becomes sick with a contagious illness after visiting RightTimeKIDS and the visit to RightTimeKIDS occurred during the gestation period of such illness, I agree to notify RightTimeKIDS as soon as possible to enable RightTimeKIDS, in its discretion, to notify each family of all the children who may have been exposed.

**6. Medical Procedures:**

**a) General Medical Guidelines/Discretion:** Although RightTimeKIDS tries to provide a safe environment; it is possible that my child could get injured. In such event, I authorize RightTimeKIDS to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that RightTimeKIDS shall not be required to strictly to follow those guidelines when, in RightTimeKIDS judgment, circumstances may require otherwise.

**b) Medical Authorization:** In the event that RightTimeKIDS determines that emergency medical attention is necessary for my Child, I authorize RightTimeKIDS to act as an agent for me and to give my permission for my Child to be attended by a physician in such circumstances, as RightTimeKIDS deems necessary.

**7. Safety/Indemnity:** I agree that RightTimeKIDS may take action, which it considers prudent to protect the safety of my Child, and other children visiting RightTimeKIDS. I further agree to indemnify, defend and hold Carolina BRATS, LLC (and its Officers, Directors, Agents, and Employees) harmless from and against 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.

**8. Additional Requirements:**

**a)** As a condition to my use of RightTimeKIDS, I have accurately completed and signed the Registration Form and Release. I understand that RightTimeKIDS will rely on this information in caring for my Child.

**b)** I agree to pay all cost and attorney fees arising out of any action relating to this Agreement, the Registration Form, or the Release for collection purposes or otherwise.

**Release Agreement:** RightTimeKIDS provides a fun and safe environment for children. However, in any childcare program, injuries may occur. In order for RightTimeKIDS to be able to provide drop-in child care services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, RightTimeKIDS is requesting that you sign this release. I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my Child), waive and release all rights, causes of action and claims against Carolina BRATS, LLC, its Officers, Directors, Agents, and Employees, for any and all loss of or damage to property or injuries suffered by my Child during the time my Child is visiting RightTimeKIDS, including the possible negligence of RightTimeKIDS, but excluding gross negligence and intentional misconduct. I understand that the provision of childcare contains risk of injury to persons and damage to property, and that by signing this release I engage RightTimeKIDS 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 any and all aspects of RightTimeKIDS and the Release, including, but not limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by RightTimeKIDS other than those contained in the written information supplies to me by RightTimeKIDS. I understand that this Release will be kept on file at RightTimeKIDS and will continue in effect for this and any future visits my Child may make to RightTimeKIDS. I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

\_\_\_\_\_  
Date / Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date / Signature of Carolina BRATS, LLC Authorized Representative