



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.

### 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 Pixie Dust, Inc., an independent owner-operator of RightTime KiDS™ drop in centers regarding the provision by RightTime KiDS USA Inc. of a supervised, indoor play environment for my Child(ren). Hereinafter the term RightTime KiDS™ shall refer to RightTime KiDS USA Inc. and those drop in centers owned and operated by RightTime KiDS USA Inc. and shall not refer to the corporate entity RightTime KiDS USA 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. RightTime KiDS™ facilities may only be used for nonemployment related purposes, there is no time limit that a child may be in attendance at a RightTime KiDS™ 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. RightTime KiDS™ 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 RightTime KiDS™ and still continue to constitute binding obligations for any future visits my Child may make to RightTime KiDS™. However, this Agreement does not obligate RightTime KiDS™ to continue to provide services, and RightTime KiDS™ 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 RightTime KiDS™ 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 RightTime KiDS™ services. RightTime KiDS™ 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 RightTime KiDS™ 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 RightTime KiDS™ and the visit to RightTime KiDS™ occurred during the gestation period of such illness, I agree to notify RightTime KiDS™ as soon as possible to enable RightTime KiDS™, 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 RightTime KiDS™ tries to provide a safe environment; it is possible that my child could get injured. In such event, I authorize RightTime KiDS™ to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that RightTime KiDS™ shall not be required to strictly to follow those guidelines when, in RightTime KiDS™ judgment, circumstances may require otherwise.

**b) Medical Authorization.** In the event that RightTime KiDS™ determines that emergency medical attention is necessary for my Child, I authorize RightTime KiDS™ 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 RightTime KiDS™ deems necessary.

**7. Safety/Indemnity.** I agree that RightTime KiDS™ may take action, which it considers prudent to protect the safety of my Child, and other children visiting RightTime KiDS™. I further agree to indemnify, defend and hold RightTime KiDS USA Inc. (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 RightTime KiDS™, I have accurately completed and signed the Registration Form and Release. I understand that RightTime KiDS™ 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:** RightTime KiDS™ provides a fun and safe environment for children. However, in any childcare program, injuries may occur. In order for RightTime KiDS™ 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, RightTime KiDS™ 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 RightTime KiDS USA Inc., 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 RightTime KiDS™, including the possible negligence of RightTime KiDS™, 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 RightTime KiDS™ 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 RightTime KiDS™ 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 RightTime KiDS™ other than those contained in the written information supplies to me by RightTime KiDS™. I understand that this Release will be kept on file at RightTime KiDS™ and will continue in effect for this and any future visits my Child may make to RightTime KiDS™. 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 RightTime KiDS USA Inc. Authorized Representative