



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

## Family Registration

Family last name: \_\_\_\_\_

### Information for parent #1

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Male/Female \_\_\_\_\_  
Home phone#: \_\_\_\_\_  
Work phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_  
Other phone#: \_\_\_\_\_

### Information for parent #2

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Male/Female \_\_\_\_\_  
Home phone#: \_\_\_\_\_  
Work phone#: \_\_\_\_\_  
Cell phone#: \_\_\_\_\_  
Other phone#: \_\_\_\_\_

### Billing address Information

Street Address: \_\_\_\_\_  
Apt/Bldg/Etc: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

*We occasionally send newsletters, coupons and other information via email to keep you up-to-date. Please provide us with an email address if you wish to receive this information.*

Email Address: \_\_\_\_\_



**Information for child #1**

First name: _____	last name: _____
Name called: _____	Boy/Girl _____
Birth date: _____	Age in years: _____

**Information for child #2**

First name: _____	last name: _____
Name called: _____	Boy/Girl _____
Birth date: _____	Age in years: _____

**Information for child #3**

First name: _____	last name: _____
Name called: _____	Boy/Girl _____
Birth date: _____	Age in years: _____

	<b>Child #1</b>	<b>Child #2</b>	<b>Child #3</b>
	diapers/training/trained	diapers/training/trained	diapers/training/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 Name: _____	Last name: _____
Male/female _____	Relationship to child: _____
Home phone#: _____	Work phone#: _____
Cell phone#: _____	Other phone#: _____

### Information for authorized pick-up person #2

First Name: _____	Last name: _____
Male/female _____	Relationship to child: _____
Home phone#: _____	Work phone#: _____
Cell phone#: _____	Other 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? _____
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*We would like to create a bulletin board to display pictures of the children playing and having fun. We would like your permission to photograph your child for use in this project. 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

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

**b) Medical Authorization:** In the event that Right Time Kids determines that emergency medical attention is necessary for my Child, I authorize Right Time 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 Right Time Kids deems necessary.

**7. Safety/Indemnity:** I agree that Right Time Kids may take action, which it considers prudent to protect the safety of my Child, and other children visiting Right Time Kids. I further agree to indemnify, defend and hold Pixie Dust, 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 Right Time Kids, I have accurately completed and signed the Registration Form and Release. I understand that Right Time 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.

\_\_\_\_\_  
Date Signature of Parent/Legal Guardian  
\_\_\_\_\_  
Date Signature of Pixie Dust, Inc. Authorized Representative

**RELEASE AGREEMENT**

Right Time Kids provides a fun and safe environment for children. However, in any childcare program, injuries may occur. In order for Right Time 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, Right Time 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 Pixie Dust, 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 Right Time Kids, including the possible negligence of Right Time 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 Right Time 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 Right Time 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 Right Time Kids other than those contained in the written information supplies to me by Right Time Kids. I understand that this Release will be kept on file at Right Time Kids and will continue in effect for this and any future visits my Child may make to Right Time 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 Pixie Dust, Inc. Authorized Representative