
# Registration Form

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Name(if members is not a parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

|  |
| --- |
| Special InstructionsDiapers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potty training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reminder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Allergies:** **(Please alert staff each time you drop off)**List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Epi Pen provided** (YES)\_\_\_\_\_(NO)\_\_\_\_\_**Snacks**: It is ok to give my child a snack if he/she would like one (YES) \_\_\_\_\_ ( NO)\_\_\_\_\_**I will provide snacks** (YES)\_\_\_\_\_(NO)\_\_\_\_\_**Does your child have any special needs?** (YES)\_\_\_\_\_(NO)\_\_\_\_\_**Other Instructions**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Pick-Up Authorization**

I give the following individuals permission to pick up my child. I understand that I **MUST** give authorization either in person or by phone each and every time my child is picked up by an authorized adult. \_\_\_\_\_ (initial)

|  |  |  |
| --- | --- | --- |
| **Pick Up Name** | **Relationship to Child** | **Notes** |
|  |  |  |
|  |  |  |

**Emergency Contact**

In the event of an emergency and we are unable to reach the parent/guardian listed on these forms I authorize the following physician or health care facility to be contacted.

\_\_\_\_\_\_ (initial)

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone** |
|  |  |  |
|  |  |  |

## Consent for Medical Treatment:

##  *In the event of a serious emergency, we will dial 911*

 In the event I cannot be reached, I, or whoever signs my child in for that day (Authorized Representative to act as an agent for me), give my permission for The Jungle gym to provide basic first aid to my child as reasonably appropriate, however, I understand that the Jungle Gym shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise.

 \_\_\_\_\_ **(initial)**

In the event that the Jungle gym in its sole discretion, believes that my child needs more advanced care, and the emergency contact from above cannot be reached; I consent to dental, medical, surgical, and/or hospital care, treatment, and/or procedures to be performed for my child by a licensed dentist, physician, ambulance attendant/emergency medical technician, or other licensed health care provider (collectively, “Health Care Professional”) associated with a licensed treatment facility when deemed necessary or advisable by the Health Care Professional to safeguard my child’s health. I waive my right of informed consent to such treatment.

\_\_\_\_\_ **(initial)**

I also give my permission for my child to be transported by ambulance to an emergency center for treatment. I certify my child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to the Jungle Gym on the registration form. My child does not have any infectious, contagious or communicable diseases. In the event my child is in need of emergency care, I do not require that the following physician or hospital be contacted. The information provided below is for informational purposes only.

\_\_\_\_\_ **(initial)**

I consent to my child being taken to the treatment facility recommended by the Health Care Professional attending my child.

\_\_\_\_\_ **(initial)**

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Photo Release:

## As the parent of a child at The Jungle Gym, I agree to the following:

I understand that my child whose name is listed on this registration may be photographed at The Jungle Gym during normal daycare hours or activities.

I understand that these photographs may be used in newsletters or mounted on the The MAC/Jungle Gym website and/or Facebook page.

I give permission for my child’s photographs to be mounted on The MAC /Jungle Gym Facebook page, or newsletters. (When names are added, only first names will be used.)

 ( ) Yes, I confirm that I have read and understood the above, and agree to have my child’s photographs to be mounted on The MAC/Jungle Gym Facebook page, or newsletters.

( ) No, I do not wish to have my child’s photographs published Name (please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Release of Liability

I represent that I am the parent or legal guardian of the child designated on this registration form. I, on behalf of myself, my spouse, and the child designated on the registration form (my “child”), hereby waive and release all rights, causes of action and claims against The Montana Athletic Club Bigfork , its Officers, Directors, Agents, and Employees and all of its affiliates, for any loss, expense, damage or injury suffered by my child during the time my child is visiting the MAC Bigfork, including the possible negligence of The Montana Athletic Club Bigfork, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release I engage The Jungle Gym to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of The Jungle gym and found that it is safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of The Jungle Gym and this Release. By signing this Release, I have not relied on any promises or statements made by The Jungle Gym or its employees other than those contained in written information supplied to me by The Jungle Gym. I understand this Release will be kept on file at The Jungle Gym and will continue in effect for this and any future visits my child may make to The Jungle Gym. I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release.

**Parent Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_


# Parent’s Health Statement

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D/O/B**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child has been examined within the past year by a health care professional and is able to participate in a child care program/preschool program. I understand that the Jungle Gym requires updated immunization records and I will provide updated immunization records before my next visit.

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_