

**BIZIKIDZ REGISTRATION AND EMERGENCY CONTACTS**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip

Parent 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about us?  Facebook  Friend  Other \_\_\_\_\_  Advertisement

**If a friend referred you, what was their name?** \_\_\_\_\_

**PERSONS AUTHORIZED TO PAY/PICK UP YOUR CHILDREN IF THE FOLLOWING OCCUR:**

- A medical emergency occurs & you cannot be reached
- If it is after closing time & we cannot reach parent(s)/guardian
- If staff is unable to reach parent(s), they will attempt to reach a person who will assume responsibility for the care of the child.

Name : \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Name : \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Name : \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

**\*\* Arrangements must be made with us in advance if you wish for someone other than the above individuals to be called for your child\*\***

-----> (OVER)

PARENT INSTRUCTIONS AND CONSENT

(You may write n/a if questions do not apply)

1. Is your child toilet trained (Include any instructions) \_\_\_\_\_

2. Behavioral or Developmental Concerns: \_\_\_\_\_

3. Allergies?: Please list any \_\_\_\_\_

**\*\* For children with prescribed epi-pens, I \_\_\_\_\_ (parent/guardian) give Bizi Kidz staff members permission to administer an epi-pen injection to \_\_\_\_\_ (child's name) if an emergency arises\***

4. I hereby authorize you to use the commercial baby wipes and diapers I have provided for my child. If I have forgotten them, or an additional diaper is needed, Bizi Kidz will provide diapers and wipes at a charge of \$1.00 per diaper.

5. Bizi Kidz has snacks if one is not provided (cheez its and goldfish \$0.50 or veggie straws \$1.00)

yes, they can have a snacks

no, don't give them snacks for purchase

**Agreements:**

I understand that in some emergency situations, Bizi Kidz will need to contact the emergency medical services before the parent/guardian or other adult acting on the parent/guardian's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital if the local emergency medical unit determines it is necessary for treatment.

I hereby grant permission to the Bizi Kidz staff to take whatever measures are judged necessary for the care and protection of my child while under their supervision. I understand that it is my responsibility to keep the information on this form up to date. Bizi Kidz is not liable if this information is inaccurate or outdated.

\* I understand there is a 4 hour maximum stay per child per day & a \$1/minute late fee.

\*I have received a parent handbook and agree to follow all guidelines listed.

\*I understand I must stay within 15 minutes of Bizi Kidz in case I am called for pickup.

\*I will honor the sick policy in the parent handbook

**\*\*\*** photo release: I give permission to post pictures of my child on the Bizi Kidz social media pages.  yes  no

**O I have read the above agreements**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_