

BIZI KIDZ 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: _____