



REGISTRATION FORM

Date : _____

How did you hear about us?

1. Primary Guardian

First Name _____
 Last Name _____
 Home Phone _____ Work _____
 Cell _____
 Address _____
 City _____ State _____ Zip _____
 Driver License # _____ Password _____
 E-mail _____

(If you would like to receive coupons and reminders about upcoming events, please provide us with your email)

2. Secondary Guardian

First Name _____ Intial _____
 Last Name _____
 Home Phone _____ Work _____
 Cell _____ Page _____
 Address _____
 City _____ State _____ Zip _____
 Relationship to Child/Children _____

3. Other People Authorized for Pick-up

First Name _____ Last Name _____
 Phone# _____ Relationship _____

First Name _____ Last Name _____
 Phone# _____ Relationship _____

Child Information

First Name			
Last Name			
Birth Date			
Sex (Please Circle)	Male Female	Male Female	Male Female
Hygiene (Please circle)	In Diapers Training Trained	In Diapers Training Trained	In Diapers Training Trained

Dietary Restrictions

1. Food Allergies	Yes	No	2. Other Dietary Restrictions?	Yes	No

Medical

3. Medicine Allergies?	Yes	No	4. Insect Bite Allergies?	Yes	No
5. Other Allergies?	Yes	No	6. Take Medication	Yes	No
7. Asthma?	Yes	No	8. Hearing/Vision Problems?	Yes	No
9. Past Health Problems?	Yes	No			

Other Problems

10. Activity Restrictions?	Yes	No	11. Special Routines?	Yes	No
12. Usually Take a Nap?	Yes	No			

Please explain any YES answers, Listed by Child's name and question number:

4. Child Emergency Information- Medical Release

I do hereby authorize P3 Party Place staff to contact the persons named on this card, and do authorize the named physician or his associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents, guardians, other people named on this card cannot be reached, P3 Party Place staff are hereby authorized to take whatever action is deemed necessary in the judgement for the health of aforesaid child. Any expenses incurred for the above will be the responsibility of the parent, not P3 Party Place's staff.

Doctors Name/Phone _____ Dentist Name/Phone _____

I HAVE READ THIS CARD AND AGREE TO THE STATEMENT AS WRITTEN:

*Signature(required) _____ Date _____

REGISTRATION AGREEMENT

On behalf of myself, my spouse, and each child designated (my "Child") I enter into this Admission Form Agreement ("Agreement") with P3 Party Place, Inc., a California corporation, regarding the provision by P3 Party Place of a supervised, indoor activity center for my Child(ren).

1. 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.

2. In regards to future visits P3 Party Place will keep this agreement and registration form on file at P3 Party Place and still continue to constitute binding obligations for any future visits my Child will make to P3 Party Place. However, this Agreement does not obligate P3 Party Place to continue to provide services, and P3 Party Place reserves the right to refuse admission to any child for any reason without liability.

3. Health

a) My Child is in excellent health and physical condition and has no medical, psychological, physical, or mental condition which has not been disclosed to P3 Party Place on the attached Registration Form. My Child does not have any infectious, contagious, or communicable diseases. I understand that verification of immunizations and tuberculosis testing is not required for attendance at a drop-in child care center.

b) In the event that my Child becomes sick with a contagious illness after visiting P3 Party Place and the Visit to P3 Party Place occurred during the gestation period of such illness, I agree to notify P3 Party Place as soon as possible to enable P3 Party Place, in its discretion, to notify each family of all the children who may have been exposed. 4. Payment for P3 Party Place services will be due at the time of each check-out in cash or charge 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, family registration fee, meals and retail items.

4. Medical:

a) General Medical Guidelines/Discretion: Although P3 Party Place tries to provide a safe environment; it is possible that my child could get injured. In such event, I authorize P3 Party Place to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that P3 Party Place shall not be required to strictly follow those guidelines when, in P3 Party Place judgment, circumstances may require otherwise.

b) Medical Authorization: In the event that P3 Party Place determines that emergency medical attention is necessary for my Child, P3 Party Place is authorized by me or whomever signs my child in for that day, 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 P3 Party Place deems necessary.

5. Safety: I agree that P3 Party Place may take action which it considers prudent to protect the safety of my Child, and other children visiting P3 Party Place. I further agree to indemnify, defend and hold P3 Party Place (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.

6. State of California Licensing Requirements (Title 22 Section 101195 (b) and (c)): The Department or licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or center records without prior consent; and to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the children.

7. Other Requirements:

a) As a condition to my use of P3 Party Place, I have accurately completed and signed the Registration Form and Release. I understand that P3 Party Place 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.

P3 Party Place provides a safe, fun, and loving environment for children.

However, in any child care program, injuries may occur. In order for P3 Party Place 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, P3 Party Place 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 P3 Party Place, Inc., a California corporation, 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 P3 Party Place, including the possible negligence of P3 Party Place, 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 P3 Party Place to provide childcare for my Child at my own risk.

By signing this Release, I have not relied on any promises or statements made by P3 Party Place other than those contained in the written information supplied to me by P3 Party Place.

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 P3 Party Place Representative _____