

Porter's Neck Play House

7946 Market St. #200
Wilmington, NC 28411

910-319-7879
www.pnplayhouse.com
pnplayhouse@gmail.com

REGISTRATION FORM

Family Last Name _____

Child 1. _____ Boy Girl
First Name Last name (if different from above)

Age _____ Date of birth _____ Diapers Potty Trained Training

Child 2. _____ Boy Girl
First Name Last name (if different from above)

Age _____ Date of birth _____ Diapers Potty Trained Training

Child 3. _____ Boy Girl
First Name Last name (if different from above)

Age _____ Date of birth _____ Diapers Potty Trained Training

Parent/Guardian 1 _____
Relationship to child _____

Contact Information Home _____ Cell _____
Work _____ Email _____

Parent/Guardian 2 _____
Relationship to child _____

Contact Information Home _____ Cell _____
Work _____ Email _____

Address _____
City _____ State _____ Zipcode _____

EMERGENCY CONTACT INFORMATION

List any additional persons authorized to pick up your child(ren) and that can be reached in an emergency if you cannot be reached. Picture ID will be required for pick up

1. _____ Relationship to child _____
Home _____ Cell _____

2. _____ Relationship to child _____
Home _____ Cell _____

Child 1: _____
Name

Please list any allergies that your child has including food and medicine:

Does your child have any dietary restrictions? **Yes/ No** If Yes please be specific:

Does your child have any physical activity restrictions, including asthma, hearing and vision problems or special needs? **Yes/ No** If Yes please be specific:

Child 2: _____
Name

Please list any allergies that your child has including food and medicine:

Does your child have any dietary restrictions? **Yes/ No** If Yes please be specific:

Does your child have any physical activity restrictions, including asthma, hearing and vision problems or special needs? **Yes/ No** If Yes please be specific:

Child 3: _____
Name

Please list any allergies that your child has including food and medicine:

Does your child have any dietary restrictions? **Yes/ No** If Yes please be specific:

Does your child have any physical activity restrictions, including asthma, hearing and vision problems or special needs? **Yes/ No** If Yes please be specific:

Registration Form Agreement

On behalf of myself, my spouse, and each child designated (my "child") I enter into this Registration Form Agreement with Porter's Neck Play House, PNPB, regarding the provision by PNPB of a supervised, indoor play environment for my Child(ren).

Facility Use: Subject to this Agreement and other terms as drop-in, short-term childcare for my child on a flexible time basis, which includes use of the facilities and participation in art and active play activities. PNPB facilities may only be used for a period of four hours or less on a regular basis. If for any reason a child is present for more than four hours, I agree that this will not occur on a regular basis and does not constitute regular care. I agree to remain within a 15 minute radius of PNPB while my child is in their care.

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 Simply Play on the Registration form. My child does not have any infectious, contagious, or communicable disease.

Illness: In the event that my child becomes sick with a contagious illness after visiting PNPB and the visit to PNPB occurred during the gestation period of such illness, I agree to notify PNPB as soon as possible to enable PNPB, in its discretion, to notify each family of all the children who may have been exposed.

Medical Authorization: Although PNPB does its best to provide a safe environment; it is possible that my child may get injured. If such an event occurs, I authorize PNPB to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand that PNPB shall not be required to strictly follow those guidelines when, in PNPB's judgment, circumstances may require otherwise. In the event that PNPB determines that emergency medical attention is necessary for my child, I authorize PNPB 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 PNPB deems necessary.

Safety/Indemnity: I agree that PNPB may take action, which it considers prudent to protect the safety of my child and other children using the services of PNPB. I further agree to indemnify, defend and hold PNPB (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 me in completing the registration form.

Future Visits: This Agreement, the Registration Form and the Release will be kept on file at PNPB and still continue to constitute binding obligations for any future visits my child may make to PNPB. However, this Agreement does not obligate PNPB to continue to provide services and PNPB reserves the right to refuse admission to any child for any reason without liability.

Payment: Payment for PNPB services will be due at the time of each check-out in cash or charge. The amount due will be calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visits and for other services provided, such as meals. If a block of time has been purchased all time used will be debited against the package or block of time purchased and any remaining fees due will be the result of usage over the block of time purchased or the purchase of other services provided by PNPB. Any changes in fees will be posted for at least 30 days.

As a condition to my use of PNPB and their facility, I have accurately completed and signed the Registration Form and Release. I understand that PNPB will rely on this information in caring for my child. I agree to pay all costs and attorney fees arising out of my actions relating to this Agreement, the Registration form, or the Release for collection purposes or otherwise.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND THE CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature of Parent or Guardian

Date

Signature of Porter's Neck Play House Authorized Rep

Date

Release Agreement

PNPH aims to provide a fun and safe environment for children. However, in any childcare program, injuries can occur. In order for PNPB to be able to provide flexible, drop-in child care services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, PNPB is requesting that you sign the Release Agreement.

I, on behalf of myself, my spouse and each child designated on the Registration Form (my "child), waive and release all rights, causes of action and claims against Porter's Neck Play House, (and 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 Simply Play, including the possible negligence of PNPB. 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 PNPB 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 PNPB and the Release, including, but limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by PNPB other than those contained in the written information supplied to me by PNPB. I understand that this Release will be kept on file and will continue to be in effect for this and any future visits my child may make to Porter's Neck Play House.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING.

Signature of Parent or Guardian

Date

I FULLY UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND GUIDELINES SET FORTH BY Porter's Neck Play House. Please Initial _____