



Registration Form

How did you hear about us? _____

Parent/Guardian Information:

Parent #1 _____ Password (For Security) _____

Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell Ph _____ Work Ph _____

E-Mail Address _____

Circle Relationship: **Parent** **Grand-Parent** **Step-Parent** **Foster Parent** **Relative Friend**

Parent #2 _____ Address Same as above

Address _____ City _____ St _____ Zip _____

Home Ph _____ Cell Ph _____ Work Ph _____

Circle Relationship: **Parent** **Grand-Parent** **Step-Parent** **Foster Parent** **Relative Friend**

Child Information:

Last name of Each child	First name Of each child	Birthday	Sex	Hygiene (Circle one)	Food or Medical Allergy	Asthma	Speech/ Communication Difficulty
1.			M / F	Diaper / Trained	Y N	Y N	Y N
2.			M / F	Diaper / Trained	Y N	Y N	Y N
3.			M / F	Diaper / Trained	Y N	Y N	Y N
4.			M / F	Diaper / Trained	Y N	Y N	Y N
5.			M / F	Diaper / Trained	Y N	Y N	Y N
6.			M / F	Diaper / Trained	Y N	Y N	Y N

Please explain any **YES** answers from above and any additional information, such as any continuous, long term prescriptions, difficulty with discipline, serious injuries, illnesses, hospitalizations or any other information our staff should have:



In the event of an emergency and I or my spouse are unable to be reached, I authorize the following responsible persons to pick up my child/children or be contacted for information:

Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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Emergency Medical Contacts and Consent for Medical Treatment:

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 Sprouts Club to provide basic first aid to my child as reasonably appropriate, however, I understand Sprouts Club shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise. In the event that Sprouts Club, in its sole discretion, believes that my child needs more advanced care, 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. I also give my permission for my child to be transported by ambulance or Sprouts Club 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 Sprouts Club on the registration form. My child(ren) do not have any infectious, contagious or communicable diseases. In the event my child is in need of emergency care. The information provided below is for informational purposes only.

I represent that I am the parent or legal guardian of each child designated on this registration form. I, on behalf of myself, my spouse, and each child designated on the registration form (my "child"), hereby waive and release all rights, causes of action and claims against this independently owned/operated Sprouts Club LLP, a Montana Limited Liability Partnership, its Officers, Directors, Agents, and Employees and all of its affiliates, and all other independently owned/operated Sprouts Club locations that I may visit for any loss, expense, damage or injury suffered by my child during the time my child is visiting Sprouts Club, including the possible negligence of Sprouts Clubs, 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 Sprouts Club to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of Sprouts Club 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 Sprouts Club and this Release. By signing this Release, I have not relied on any promises or statements made by Sprouts Club or its employees other than those contained in written information supplied to me by Sprouts Club. I understand this Release will be kept on file at Sprouts Club and will continue in effect for this and any future visits my Child may make to Sprouts Club.

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

**ALL CHILDREN ATTENDING SPROUTS MUST BE UP TO DATE ON VACINATIONS
 (Only exception is medical exemptions. Must provide primary Doctor form)**

My child has been examined within the past year by a health care professional and is able to participate in the daycare program. I will provide a Physician's Health Statement within one year. My child has is up to date on all required immunizations.

Medical diagnosis and treatment conflict with the vaccine schedule for my child. Signed form from Doctor to be provided at enrollment.

My child's immunization record is current and on file at the following listed school:

School _____

 Parent Signature

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Parent Policy and Release Form

(Check each box after you have read the paragraph)

- Sprouts Club must have a completed registration and parent policy and release form before children can be accepted for care. If children are not enrolled in a school, parents must also complete a parent's health statement or physician health statement form (a copy of the immunization records with a physician's health statement and physician's signature may be provided in place of the physician's health statement form) before the second visit. All children must be current on appropriate immunizations, to be admitted to Sprouts Club. **Parents must advise Sprouts Club of changes of address, phone numbers, and children's health and allergies.**
- The costs per child are child (over 18 months) \$5.45 per hour, each additional sibling is \$0.25 off their rate. An additional \$0.50/hour for any child that is not potty trained. Children that have more than 1 accident a week will not be considered potty trained. After 6:00PM the rates increase \$1.00/child. The costs are calculated to the minute. **Payment is due at time of check-out. If Payment is not made at pickup and a balance is due, a \$10.00 late fee will be issued to each child's account.** Parents are responsible for letting staff know when their child is potty trained. **No refunds are given.**
- Our hours: Monday – Thursday: 7:00 a.m. – 10:00 p.m., Friday: 7:00 a.m. – 11:00 p.m., Saturday: 8:00 a.m. – 11:00 p.m. and we operate 12 months a year. Please make sure to arrive to pick up your children before our closing time. **There will be a late fee of \$1.00 per minute per child after our closing time.**
- Please bring extra diapers and a change of clothes for your child. All personal belongings must be labeled with the child's first and last name. There will be a charge of \$1.00 for each diaper supplied by Sprouts Club. No outside toys or electronics are allowed in the center; Sprouts club will not be responsible for any lost or broken items.
- Meals are served 11:30 a.m. – 12:00 p.m., and 5:30 – 6:00 p.m. Meals can be purchased for an additional cost per child or brought from home. If meals are brought into the center by the parent, the parent understands that Sprouts Club is not responsible for the nutritional value or meeting the child's daily food needs. If a child's stay lasts during a mealtime, and they are not signed up for a meal, we will feed them and add the meal cost to the bill. Meals may be brought from home. Snacks are served at 10:00 a.m., 3:00 p.m. and consist of crackers and juice.
- Sprouts Club cannot accept children who are ill. Children must be fever-free and symptom-free for at least 24 hours before visiting Sprouts Club. We cannot administer any medication or routine medical procedures (i.e. inhalers, nebulizers). No medications are permitted in the center. If a child becomes ill, the parent or emergency contact will be called to pick up the child immediately. Children who are ill will be excluded from other children until parent pick-up.
- Sprouts Club does not discriminate against persons with disabilities. However, Sprouts Club staff are not trained to care for children with special needs and our services do not include one-on-one supervision.
- Please be sure to update emergency contact phone numbers with our staff. In the event of a medical emergency, we will phone the parent immediately and call 911.
- Only parents will be allowed to check children in and out of Sprouts Club. Parents must update staff on anyone else who might be picking up the child. Authorized persons will be able to check children in and out if prior arrangements are made with Sprouts Club and the parent.
- You are financially responsible for any damage your child(ren) do to any property of Sprouts Club.
- Only socks are to be worn into the play area for safety and cleanliness.
- We only use positive methods of discipline and guidance that encourage self-esteem, which include praise of good behavior, reminding children of behavior expectations, redirection and brief supervised separation or time-out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age. No corporal punishment, physical or verbal abuse, abusive language, or withdrawal of food, naps, or toilet training of any kind is allowed. For the safety of all, children that show repeated misbehavior or biting will be asked to take a two week respite from Sprouts Club.
- If an injury occurs at Sprouts Club, the staff member who witnessed or dealt with the injury will complete an injury report. Parents will be notified at pick up, from the staff member on shift about the injury. If an injury needs medical attention, Sprouts staff will contact the parents immediately.
- The staff of Sprouts Club are required by law to report any instance where there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, child neglect or exploitation to the police or Child Protective Services. Notification of the parents is solely dependent upon the recommendation of the police or Child Protective Services.
- In the event of a center evacuation, parents will be contacted immediately. The relocation site is posted at each Sprouts Club center.
- Sprouts Club does not discriminate based on gender, race, color, religion, or national origin. However, we reserve the right to refuse service to any person or persons for legitimate business reasons, such as maintaining the safety of our facility and the children in our care.
- I hereby grant Sprouts Club permission to use photographs/video of my child(ren), taken during their stay at Sprouts Club, to be used solely for the purposes of Sprouts Club promotional material, website, and publications. I will make no monetary or other claim against Sprouts Club for the use of the photographs/video.

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



A COMPLETED WAIVER BY A PARENT/GUARDIAN IS REQUIRED FOR ALL MINORS TO PARTICIPATE AT SPROUTS CLUB. SORRY, NO EXCEPTIONS.

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND MEDICAL CONSENT (“WAIVER”)

In consideration of being allowed to enter and/or participate in any activities at Sprouts Club. (“Activities”), the undersigned acknowledges, appreciates and agrees to the following:

1. Playground equipment can be dangerous and can result in serious injury to me/my child/children. I understand the nature of Activities and represent that I am qualified, in good health, and in proper physical condition to participate in such Activities. If I believe any of the Activities are unsafe, I will immediately stop participating. I understand that these Activities may involve risk of serious bodily injury, which may be caused by my own actions/inaction or actions/inaction of other participants. I hereby knowingly and voluntarily assume any and all such risks, including presently unknown or unforeseeable risks, and voluntarily assume all responsibility for losses resulting from participation in these Activities.

2. I hereby forever release and discharge Sprouts Club LLP, its respective owners, heirs, shareholders, administrators, directors, agents, officers, lessors, volunteers, employees, other participants, any sponsors, and advertisers (“Releasees”) from any and all liability, claims, demands, losses, or damages, however caused, whether related to property damage, theft, and/or personal injury, and whether based on tort, intentional act, strict liability, negligence, and/or negligent rescue. I will indemnify, save, and hold harmless each of the Releasees from any claim, expense, attorney’s fees, loss, liability, damage, or cost which relates to, or arises from, this Waiver, to the fullest extent permitted by law. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

3. I also understand and agree that my execution of this Waiver on the initial visit, or for one of my children, will authorize Sprouts Club to enter this Waiver into its database and use it as a continuous, multi-use waiver for my child’s/children’s ongoing participation in the Activities or use it as a Waiver executed for my other child/children. I hereby expressly authorize Sprouts Club. to use this Waiver as a multi-use waiver until such time as I revoke it in writing.

PARENTAL/LEGAL GUARDIAN CONSENT AND I, the Minor’s parent and/or legal guardian, understand the nature of the above referenced Activities and the Minor’s experience and capabilities and believe that Minor to be qualified to participate in such Activities. I hereby Release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the Releases from all liability, claims, demands, losses or damages on the Minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Minor, or anyone on the Minor’s behalf makes a claim against any of the above Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney’s fees, loss liability, damages, or costs any Releasee may incur as a result of any such claim.

MEDICAL PERMISSION AUTHORIZATION If the participant is of minority age, the undersigned parent or guardian hereby gives permission for Sprouts Club to authorize emergency medical treatment as may be deemed necessary for the Minor named below while participating in Sprouts Club Activities. The undersigned hereby releases, discharges, covenant not to sue and agrees to indemnify and save and hold harmless Sprouts Club from all liability, claims, demands, losses or damages on the Minor’s account caused or alleged to have been caused in whole or in part by the negligent medical treatment, failure to provide medical treatment, or negligent rescue operations, and further agrees to indemnify, save and hold harmless Sprouts Club from any litigation expenses, attorney’s fees, loss liability, damages, or costs incurred by Sprouts Club as a result of any such claim.

I HAVE READ THE ABOVE MEDICAL PERMISSION AUTHORIZATION AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SPROUTS CLUB FROM ALL LIABILITY ARISING AS THE RESULT OF THIS MEDICAL PERMISSION AUTHORIZATION.

Printed name of Participant(s)/Minor(s)

Printed name of Parent/Legal Guardian

_____ Participant(s)/Minor(s) Birth

date(s)

Signature of Parent/Legal Guardian