

LRAC Day Care Registration (please print)

LRAC Member Number: _____ Parent's/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact Name: _____ Phone: _____

Child's Name	Date of Birth	Gender	Kids' Club Member?	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

Individuals authorized to pick-up child:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Allergies/Medical Issues:

Diaper Changes

Please supply your own diapers in a bag labeled with your child's name. You are welcome to bring a change of clothes for your child in case of an accident.

Emergency Care

In the event of an emergency, every effort will be made to locate you in the Club. In order to facilitate that search, please specify on the sign-in sheet where you will be in the facility. In the case of a fire, all children will be evacuated through the safest exit.

Sick Child Policy

In order to maintain a clean and healthy environment for all children, we ask that you not bring your child to the Day Care if he/she is sick or displaying signs of illness which may include: symptoms of a cold; fever of 100 degrees within the past 24 hours; constant cough; first 24 hours on an antibiotic, diarrhea (when not on an antibiotic); displaying abnormal disposition (a sign of not feeling well); a rash or chicken pox (child cannot return until 14 days after initial outbreak).

Waiver / Release of Liability

I will remain at the LRAC and will provide the Day Care staff with information as to where I will be in the facility on the sign-up sheet. In the event I leave the LRAC to run or walk outside, I will notify the Day Care staff and remain in the vicinity of the Club.

I will not hold the LRAC responsible for any and all loss in connection with any injury to persons or property caused by the child while the child is on the premises.

I will not hold the LRAC responsible for any and all loss in connection with any personal injury, illness, damage to personal property or other damage suffered by the child while the child is on the premises.

Please sign below indicating that you understand the waiver and intend to comply with all rules of the LRAC.

Parent/Guardian Signature: _____ Date: _____