



### Child Registration Form

Today's Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

#### Parent/Guardian

First and Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Employer & Address \_\_\_\_\_  
Email Address \_\_\_\_\_

#### Parent/Guardian

First and Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Employer & Address \_\_\_\_\_  
Email Address \_\_\_\_\_

### Child Information

**Child#1** Name: \_\_\_\_\_ Gender: M/F DOB: \_\_/\_\_/\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**  
If yes, please explain: \_\_\_\_\_

**Child#2** Name: \_\_\_\_\_ Gender: M/F DOB: \_\_/\_\_/\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**  
If yes, please explain: \_\_\_\_\_

**Child#3** Name: \_\_\_\_\_ Gender: M/F DOB: \_\_/\_\_/\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**  
If yes, please explain: \_\_\_\_\_

**Child#4** Name: \_\_\_\_\_ Gender: M/F DOB: \_\_/\_\_/\_\_\_\_  
Are there any special conditions to be aware of (medical/allergy/dietary/asthma/special needs)? **Y / N**  
If yes, please explain: \_\_\_\_\_



### Persons allowed to Pick up & Emergency Contacts

*In addition to Parents/Guardians* listed previously, I authorize Muletown Kids to release my child and leave the facility with the following persons only: (It is a **requirement to list one person** besides parent/guardian)

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Name	Relationship to child	Phone Number
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Name	Relationship to Child	Phone Number
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Name	Relationship to Child	Phone Number
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**\*Please notify us ahead of time for pick ups other than parent/guardian. We require a photo id for all pick ups.\***

### EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident. I authorize Muletown Kids to have my child transported to: (If no preferred medical facility is listed, child will automatically be transported to Maury Regional Hospital.)

Name of Physician \_\_\_\_\_

Physician Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Hospital \_\_\_\_\_

Hospital Address \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

I give consent for Muletown Kids to secure any and all necessary emergency medical care for my child. I certify my child is in excellent health, physical condition and has no medical psychological, physical or mental condition which has not been disclosed to Muletown Kids on this registration form.

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Parent/Guardian Signature

Date



### Waiver of Liability

**Waiver.** In consideration for my child's acceptance and participation and intending to be legally bound, I agree that: I and my child voluntarily assume all risks associated with my child's use of daycare services; I understand that Muletown Kids (hereinafter "Releasee") does not assume any responsibility for any Injuries and Damages arising from or connected with my child's use of daycare services; I understand that using the daycare service exposes my child to risks, foreseen and unforeseen; I understand that Injuries and Damages can arise as a result of negligence or otherwise, from natural causes, physical conditions, and recreational activities.

**Indemnification and Hold Harmless.** This is a legally binding agreement. I understand that by signing this Waiver of Liability, I release, indemnify and hold harmless Releasee and its owners, directors, officers, advisors, employees, agents, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, including attorney's fees, in connection with or arising out of daycare services, including but not limited to: personal injury, bodily harm, injury, property damage occurring while the child/children is/are on the property of Releasee, or any derivative claims I may have.

**Policy Agreement.** I agree without reservation that I must explain to my child the rules of the Releasee. I hereby agree that my child agrees to accept and abide by the rules and policies of Releasee and to obey the direction of Releasee's representatives

**Acknowledgement of Understanding.** With my full understanding of the above information, I agree to assume any and all risk associated with sending my child to Releasee for daycare services. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Severability.** The undersigned further expressly agrees that the foregoing Waiver, Indemnification and Hold Harmless, Policy Agreement, and Acknowledgment of Understanding are intended to be as broad and inclusive as is permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Parent/Guardian:**

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**Print Name**

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**Signature**

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**Date**

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**Name of Minor Child(ren)- (this is in case pages get separated)**



**Pictures/Videos:**

We regularly take and share pictures or videos on our website, marketing material and social media. Why do we want to share these? It shows the children having fun at Muletown Kids, making friends, participating in arts & crafts, etc. If there is any issue with this, please ask for a refusal sheet, so that we can attach it to your file.

\*\*I understand that this facility is not required to be licensed by the state as a child care agency.\*\* We are registered and monitored by the State of Tennessee.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Paid \$5 registration fee