



Stay & Play Zone Medical and Registration Form

Child's Name _____ Birthdate __/__/__ Age _____

Child's Address _____ Household Email _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Guardian Name _____ Phone _____

**In case of an emergency specify authorized persons to pick up your child
(Other than Parent or Guardian) They must be 18 years of age.**

Name _____ Phone _____

Name _____ Phone _____

Allergies, Special Health or Medical Conditions:

Does your child have any food, medication or environmental allergies?

No Yes, Please Explain:

Does your child have a special health or medical condition? No Yes (Please explain)

Diapering Statement:

Is your child toilet trained? Yes No (If no, you will be contacted when child needs assistance.

Acknowledgement of Policies and Procedures:

I have reviewed and received a copy of the center's policies and procedures. Yes NO

Parents Release:

It is my understanding that every possible precaution will be taken to prevent accidents and to avoid injury. However, in the event of an unforeseeable accident or injury, we do hereby release the City of Sharonville and employees from all liability resulting therefrom.

Parent/Guardian Signature _____ Date _____