

# The Kidz Garden

## Student Registration

Date of Application	Date of Enrollment/Re-enrollment
Student's Full Name	DOB
Address	
Allergies/Illness	
Doctor/Physician	Office Phone
Dentist	Office Phone
*Hospital Preference (Please do not leave blank)	Phone

Please indicate which ONE program you are interested in

	AM PlaySchool	Monday - Friday	8:00am -11:30am
	PM PlaySchool	Monday – Friday	12:00pm -3:30pm

Please indicate which Parent/Guardian that the student lives with

Parent/Guardian Name	
Address	
Phone (Specify Cell, Home)	Texting Ok? Y/N
Place of Employment/School	
Phone	Ext
Parent/Guardian Name	
Address	
Phone (Specify Cell, Home)	Texting Ok? Y/N
Place of Employment/School	
Phone	Ext

### Authorization for Release

The student will be released only to parents/guardians listed above. The students can also be released to the following individuals as authorized by the person signing the application.

Name	Relationship

\_\_\_\_\_ I acknowledge, understand, and agree that my child's participation may result in exposure to infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While specific rules and disciplines may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, and take full responsibility for my child's participation and exposure.

\_\_\_\_\_ In the event of a medical emergency, I authorize The Kidz Garden to seek emergency medical transportation for my student. This includes calling an ambulance or other emergency services to transport him/her to the nearest appropriate medical facility.

\_\_\_\_\_ I authorize for The Kidz Garden to consent to medical treatment for my student in the event of a medical emergency. This includes, but is not limited to emergency room treatment, surgical procedures, and any other necessary medical interventions as determined by medical professionals.

**Emergency Contacts:**

In case of emergency, all efforts will be made to contact the student's parents/guardians first. The students can also be released to the following individuals as authorized by the person signing the application in the event of an emergency. If the parents/guardian cannot be reached, The Kidz Garden has permission to contact and release the student to the following individuals.

Name	Relationship	Phone

\_\_\_\_\_ I understand that there are certain risks associated with play that may result in damage and injuries during my child's participation in these activities, and I accept these risks on behalf of my child. I agree to save, hold harmless, and fully indemnify The Kidz Garden LLC and its staff from any and all liability for personal injury resulting from my child's participation in activities at the facility and on the facility grounds, provided that all normal safety procedures have been followed.

As parents/guardians of the student, my signature authorizes me to register him/her.

Parent/Guardian	Date
Parent/Guardian	Date
Director	Date

# The Kidz Garden

## Student Health History

Student's Full Name		DOB
Date of last PHYSICAL EXAM	Date of last VISION TEST	
Date of last HEARING EXAM	Date of last DENTAL EXAM	
Does this student require adaptive devices? If yes, please indicate (Wheelchair) (Glasses) (Hearing aid) (Prosthetic limb) (Other Please indicate)		
List any allergies, the symptoms and types of response required for allergic reaction.		

Please circle all that apply please explain on back include date diagnosis and treatment

Does the student have any of these problems with any of the following conditions?	
<div style="text-align: center;"> <b>AIDS/HIV</b>            Amputation Or Prosthetic Limbs            Bladder Or Bowel Control            Caner            Chicken Pox            Convulsions Or Seizures            COVID            Diabetes            Digestive Problems            Eating Disorders            Eczema Or Skin Problems            Fainting Spells         </div>	<div style="text-align: center;"> <b>Frequent Colds</b>            Hand Foot &amp; Mouth Disease            Hearing Or Speech Problems            Hepatitis            Heart Trouble            Lung Or Breathing Problems            Premature @ _____ wks            RSV            Strep Throat            Tuberculosis Vitamin/Mineral Deficiency            Vision Problems         </div>
Is the student CURRENTLY, Under a doctor's care? if yes please explain	
Has the student ever been hospitalized or had any operations? If yes, please explain.	
Is the student on continuous medication? If yes, please explain.	
Does the student have any physical or mental disabilities? If yes, please explain.	
Has the student had any injuries with fractures or loss of consciousness? If yes, please explain.	
List any other members of the student's family with serious chronic conditions.	
Share any information that directly can assure safe medical treatment for the student.	

For any student with health care needs such as allergies asthma or other chronic conditions that require specialized health services and medical action plan shall be attached to this form. The medical action plan must be completed by the student's parent/guardian or healthcare professional. The medical action plan must be updated as changes occur and on an annual basis.

Parent/Guardian	Date
Parent/Guardian	Date

<b>Student's Full Name</b>	<b>Date of Enrollment/Renrollment</b>
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## Photography/Video

At The Kidz Garden, photographs and videos of the students participating in activities are captured in real time for the purpose of records, assessments, classroom displays, communication apps, and social media /websites. Permission must be obtained before any pictures of the students can be published.

The Kidz Garden uses a communication app to post pictures of children. Please be mindful when sharing and reposting photos of your child if other children are in the pictures, as some families have opted for in-app sharing only and not on social media.

## Video Surveillance

To ensure the safety and security of all students, staff, parents, visitors, and our school, The Kidz Garden is equipped with a video surveillance system. Security cameras have been installed throughout the premises. These cameras are not a substitute for direct supervision of children.

Respecting the privacy of our students, parents, and school, video surveillance is for internal purposes only. The director is the only person authorized to view the security cameras. Access to video footage is available to parents or guardians only upon written request. The request must be directly related to an incident and include the student's name, date, and time (if known). The footage is available for viewing purposes only, and The Kidz Garden will not release copies. If the footage contains information about more than one student, parents will be informed only about their own child.

Video surveillance and recording consent forms must be signed prior to a student's registration as a condition of enrollment.

## Please indicate which source of your child's photographs can be published

- ☐ **Classroom activities & projects**
- ☐ **Social media**
- ☐ **Website**
- ☐ **App (In pictures with other children)**

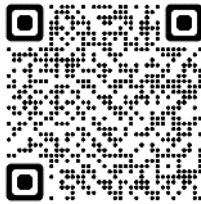
**I have reviewed and understand the photography and video surveillance policy at The Kidz Garden. Furthermore, I understand that violating the privacy of other students may result in the termination of my child's enrollment.**

<b>Parent/Guardian</b>	<b>Date</b>
<b>Parent/Guardian</b>	<b>Date</b>

<b>Student's Full Name</b>	<b>Date of Enrollment/Renrollment</b>
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## Handbook Acknowledgement

A policy handbook is provided to go over important program policies. It is important that you receive, review, understand and agree with all policies before registering your student. These policies will be briefly reviewed with you during tour/orientation. Parents/Guardians can receive these policies by going to [www.thekidzgarden.com/forms](http://www.thekidzgarden.com/forms) or by scanning the code below. These forms are also available in print at the or can be emailed.



## Select an Option

\_\_\_\_\_ I will access and review the policies and do not wish to receive an email or printed copy

\_\_\_\_\_ I would like to receive a printed copy of the policies.

\_\_\_\_\_ I would like the policies to be electronically sent to me

Please provide email address \_\_\_\_\_

## Policy Acknowledgement

All policies are in effect until revisions take place. The Kidz Garden LLC reserves the right to change policies as needed without notice.

\_\_\_\_\_ I have received and reviewed The Kidz Garden policies and have had a chance to ask any questions.

\_\_\_\_\_ I understand and agree to abide by The Kidz Garden policies.

\_\_\_\_\_ I understand that policies that are continuously violated are grounds for The Kidz Garden to terminate care.

<b>Parent/Guardian</b>	<b>Date</b>
<b>Parent/Guardian</b>	<b>Date</b>
<b>Director</b>	<b>Date</b>