

1 Towne Centre
 Blvd Suite 5350
 Fredericksburg
 VA 22407
 540-548-8885
[Fax: 540-548-1504](tel:540-548-1504)



Enrollment
 Date: _____
 Last
 Day: _____

Mother's Name	Last:	First:	Address: st., city, zip	Phone #:
	Mother's Work Place:			Phone #:

Father's Name	Last:	First:	Address:	Phone #:
	Father's Work Place:			Phone #:

Authorized Emergency Contacts (We need two, 1 local)

	Last	First	Address	Phone
(1)				()
(2)				()

Child's Name	D.O.B.	Sex: F M
Allergies/health Needs	Previous school:	

Staff use only: Child's Last Name: _____ BBC First Name _____ Birth Certificate # _____ Staff Int: _____ \$25 Registration Fee _____

Parents/guardians register their children on KIDCHECK.COM. Shot records and physicals must be on file. Please label all personal belongings with first and last names to avoid confusion. We will have a lost and found basket, but it will be donated. We **will not** take responsibility for personal items lost or left at the center. If your child is in the process of potty training, please provide Staff with information on when your child went to the restroom last, so that they may be diligent in taking them to the restroom. If your child is not 100 % potty trained, he/she must wear a pull-up during their stay with us. A change of clothes is also highly recommended. All items should be labeled. Diapers may be provided for \$1.00 each.

I understand that if my child is disruptive (biting, kicking, hitting, pinching, spitting, swearing, or other acts that may cause physical or emotional damage to others), on the third verbal warning you will be called and required to come pick up your child. If the behavior continues during each visit to the center your child will be banned from the center.

I agree not to knowingly bring a sick child to the center. We are not responsible if your child gets ill at the center or after a visit. If there is a need for emergency medical treatment, 911 will be called. Should an ambulance be needed, parents will be responsible for any costs. Parents will be contacted as soon as possible after contacting 911. The Wiggle Worms Center employees do not administer medications under any circumstances. Parents will notify center within 24 of child's or any member of the immediate household's diagnoses of a communicable disease or illness. **By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Wiggle Worms and that such exposure or infection may result in personal injury, illness, permanent disability, and death ("Claims").** I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Wiggle Worms or participation in any Wiggle Worms programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Wiggle Worms, its employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Wiggle Worms, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Wiggle Worms program.

We use standard emergency medical procedures for treating injuries. A head injury will be treated as a serious injury, and parents will be notified as soon as possible. Superficial injuries will be washed with soap and water and covered with a bandage or treated with ice. Parents will sign a report about the injury when they pick up their child.

In case of an emergency that would require an evacuation from Wiggle Worms, children will be evacuated through the nearest safe exit. If possible, the sign-in sheet will be taken along to ensure that all children are accounted for & all families notified. Children will be assembled in the Service Court behind our store or by the village. We will reach out to you via text or phone call.

I hereby grant the Wiggle Worms Center permission to use photographs/video of my child(ren) taken during their stay at the Wiggle Worms Center, to be used solely for purposes of the Wiggle Worms security. I will make no monetary or other claim against the Wiggle Worms Center for the use of the photographs/videos 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 the Wiggle Worms Center, its officers, directors, and employees, for any loss, expense, damage, or injury suffered by my child during the time my child is visiting The Wiggle Worms Center, including possible negligence by Wiggle Worms Center employees, 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 the Wiggle Worms Center to provide temporary child care for my children at my own risk. By signing this Release, I have not relied on any promises or statements made by the Wiggle Worms Center or its employees other than those contained in written information supplied to me by the Wiggle Worms Center. I understand that this release will be kept on file at the Wiggle Worms Center and will continue in effect for this and any future visits my child may make to the Wiggle Worm Center.

Failure to pick up child at the agreed upon 5-hour time limit will incur a \$ 1.00 per minute late fee. If late at closing time, there will be a \$25 fee or a \$1 a minute (whichever is greater) for failure to pick up child on time. Emergency contacts will be called after the maximum 5-hour period has been reached, and emergency personnel will be called at 5.5 hours after drop-off time **If we have not heard back from you.**

Payment for service is due at time of pick-up. We accept all major credit cards or cash. **We reserve the right to refuse any family that does not adhere to our policies.**

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize Wiggle Worms to contact:

Physician's Name: _____ ***Address:*** _____ ***Phone#*** _____

I, the undersigned, do hereby state that I have read the above carefully, 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 as I agree that this agreement is active and will be enforced until my child no longer attends.

Signature of Parent/Guardian) _____

(Date) _____