

First Time Visit Form

(Drop-in Registration Form)

1912 East Firetower Road
 Greenville, NC 27858
 (252) 756-6899



 Parent Name Phone @ () -

 Parent Name Phone @ () -

 Street Address

 City State Zip Code

 Child 1

 Child 2

 Child 3

 Driver's License Number Today's Date / /

 Driver's License Number Today's Date / /

 Email Address

 Credit Card on File Expiration Date

 DOB / / Age

 DOB / / Age

 DOB / / Age

THESE PEOPLE MAY PICK UP MY CHILD IF THEY SHOW PROPER IDENTIFICATION:

Name	Relationship	Name	Relationship
1 _____	_____	4 _____	_____
2 _____	_____	5 _____	_____
3 _____	_____	6 _____	_____

911 Release - I hereby give my consent to call 911 in the event of an emergency and I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants.

Waiver Agreement - I waive and release all rights against Creative Arts Kids, its owners, directors, and staff for any and all loss of or damage to property or injuries suffered by my child while at Creative Arts Kids. I am aware that my child is engaging in physical exercise, and use of the Studio's equipment, training and instruction can be dangerous and can cause injury to your child. I give permission for my child to participate in all activities unless otherwise specified. I assume all risk of injury to the student, which may result. I hereby waive and release any claim or right to sue the studio, employees, or agents, for injury to the student, which may result. I have read and fully understand this

Terms - Drop-in Playcare is limited by law to 4 consecutive hours and as such Creative Arts Kids drop-in does not act as my regular childcare provider.

Payment - Payment is due at the end of each visit unless other arrangements have been made. We prefer cash or checks but also accept Visa, MC, AmEx, & Discover. Prepaid discount cards are also available.

X _____
 I have read and understand (sign here)

X _____
 Date

Emergency & Child History

Please update as needed

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www.creativeartskids.com

EMERGENCY CONTACTS

_____	() - _____	() - _____
Primary Parent/Guardian	Phone @	Phone @
_____	() - _____	() - _____
Primary Parent/Guardian	Phone @	Phone @
_____	() - _____	() - _____
Additional Contact	Phone @	Phone @
_____	() - _____	() - _____
Additional Contact	Phone @	Phone @

HEALTH & BEHAVIOR HISTORY

Child 1

Child 2

Child 3
