



Family Last Name \_\_\_\_\_

### Family Registration Information

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_

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Childs Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

\*All people listed below will be responsible for payment due at pick up.  
At least two people other than parents need to be listed below in case of emergency.

#### Other persons allowed to drop off/pick up child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_ Use as Emergency Contact Y/N

#### Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell# \_\_\_\_\_

## Child Questionnaire

1. Is your child 100% potty trained? \_\_\_\_\_Y/N \_\_\_\_\_Y/N

\*If no, the child **MUST** be in a pull up or diaper. Staff will regularly ask child if they need to go potty, but for sanitary reasons they **MUST** be in a pull up to prevent any accidents in the clubhouse.

2. Does your child have any allergies? Y/N

\*If yes, what are they allergic too and what is the severity of the allergy?

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\*\*\*If an EpiPen needs to be administered do you give staff members permission to administer it? Y/N

3. Does your child have any mental or behavioral concerns that staff needs to be aware of? Y/N

\*If yes, please clarify \_\_\_\_\_

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4. Is your child allowed to take part in holiday/seasonal/educational crafts and other activities? Y/N

\*These are at no additional cost to the hourly rate.

5. Do you authorize Coco B's Playhouse staff to take pictures of your child? Y/N

\*\*\*These photos would be used and displayed on the Playhouse social media and other marketing.

6. I understand that Coco B's Playhouse is **NOT** peanut/tree nut free facility.

Initials \_\_\_\_\_

I understand that in some emergency situations, Coco B's Playhouse will need to contact emergency medical services before the parent, child's physician and/or other adult acting as parent/legal guardian's behalf. In the event of a medical emergency, I understand that my child will be transported to the nearest hospital if the local medical unit determines it is necessary for treatment. I hereby grant permission to Coco B's Playhouse staff to take whatever measures necessary for the care and protection of my child while under their supervision. I understand that it is my responsibility to keep the information on this form up to date. Coco B's Playhouse staff is not liable if registration information sheets are inaccurate or outdated.

\_\_\_\_\_ I have received a copy of the Parent Handbook

Printed name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_