

Verification of Receipt of Parent Handbook

I / We, _____
Please Print Name(s)

parent(s) of _____

Name(s) of Child(ren)

hereby certify that I / we have received, read, and understand the rules and policies of the Stay & Play Drop-Off Playcare Parent Handbook 2009.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent / Guardian Agreement for use of
Stay and Play Drop-Off Playcare

I, _____
Please Print Name

parent of _____

Name(s) of Child(ren)

hereby agree that I am dropping off my child(ren) to use the Westfield Shopping Mall and/or the surrounding shopping mall stores, restaurants, salons, and services.

I am providing my cell phone number: _____
and agree to be readily available to pick up my child(ren) if I am contacted by Stay and Play Drop-Off Playcare staff.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Child Consents Form

I / We, _____ parent(s) of
Please Print Name(s)

Name(s) of Child(ren)

agree to and give consent to the following:

Health

1. All Stay & Play Drop-Off Playcare personnel can provide emergency first-aid and non-emergency first aid.
2. All Stay & Play Drop-Off Playcare personnel will only administer an EpiPen to a child in an emergency if it is provided by the parents, it is prescribed by a doctor, in its original container, and has the child's name clearly marked on the container. **No other prescription medication will be allowed or administered.**
3. All Stay & Play Drop-Off Playcare personnel can administer Benadryl to a child in accordance with the manufacturer's instructions when provided by a parent, in its original unopened container, and must have the child's name clearly marked on the container.
4. All Stay & Play Drop-Off Playcare personnel may contact parents, emergency contacts, doctors, or 911 if an emergency occurs.
5. Stay & Play Drop-Off Playcare is not responsible for any injuries.

Photographs / Video

All photographs shall involve children in a Stay & Play Drop-Off Playcare related activity. No children's names will accompany the photographs. Pictures of your child may be posted on our website, displayed within the center, and can be used in marketing ads and brochures.

___ YES ___ NO

Stay & Play Drop-Off Playcare will not:

1. Remove a child for visits, trips, or excursions off of the premises.
2. Involve a child in research.
3. Involve a child in formal religious instruction.
4. Transport a child.
5. Involve a child in athletic activities such as swimming or gymnastics.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

stay & Play

Drop-Off Playcare

4428 E. New York St.
Aurora, IL 60504
630-499-9144
stayandplaytoday.com
fax 208-361-3120

Child Application / Information Form

Child's Name: _____ **Nickname:** _____

Birth Date: _____ *(Must be 3 and potty trained.)* **Sex:** Male ___ Female ___

Child's Name: _____ **Nickname:** _____

Birth Date: _____ *(Must be 3 and potty trained.)* **Sex:** Male ___ Female ___

Child's Name: _____ **Nickname:** _____

Birth Date: _____ *(Must be 3 and potty trained.)* **Sex:** Male ___ Female ___

Name of Mother / Guardian: _____

Address: _____

Home Phone # _____ **Cell Phone #:** _____

Name of Father / Guardian: _____

Address: _____

Email Address: _____ **Cell Phone #:** _____

Emergency Contact List (Persons to be notified in case of an emergency):

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____ **Cell Phone #:** _____

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____ **Cell Phone #:** _____

Name: _____ **Relationship:** _____

Address: _____

Phone Number: _____ **Cell Phone #:** _____

Child Development Information

Allergies / Health

Is your child allergic to anything or allergic to any food? _____

Does your child take any medication regularly? _____

Does your child have any health problems or special needs? _____

Restroom Habits

Is your child toilet trained and 3 years old? (A **must** for enrollment) YES____ NO____

Does your child use the restroom facilities by themselves? YES____ NO____

Tells an adult? YES____ NO____

Needs reminding? YES____ NO____

Any special words your child uses to indicate restroom? _____

Other (Optional)

What other information would help us care for your child better? _____

Do you have any concerns about your child? _____

(Hours of child's care are any day Monday – Friday for a maximum of 3 hours per day.)

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

To be filled out by Stay & Play

Enrollment Date: _____

Discharge Date: _____

Discharge Reason: _____