



PLAYROOM REGISTRATION FORM

Member (Parent/Guardian) Name: _____

Contact Phone while in Facility: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Child's Name	Age	Birthdate

Does your child have any health/physical limitations that we should be aware of?

Does your child experience separation anxiety? Does your child have a special personal toy or item needed for comfort?

Is there anything else about your child that you would like to share with the Playroom staff?

CHILDCARE PROGRAM GUIDELINES

You must complete a Play Room Registration form before your child can be signed-in to use the Playroom.

You must review the Play Room Guidelines before your child can be included in the Play Room.

Playroom Rules: I have received a copy of the Play Room Rules. I have read, understand and will comply with the childcare rules stated above and within the Play Room Rules Document.

Parent Signature: _____ Date: _____