



Drop-In Play Hours	Drop-In Hourly Rate
Monday: 9:00am-5:00pm	One Child \$7
Tuesday – Thursday: 1:00pm-5:00pm	Two Children \$13
	Three Children \$18
Parent's Night Out - 2 nd Friday of each month, 6pm-10pm (\$10 per hour, \$8 siblings)	
Ages: 2yrs – 6yrs	
One-time \$20 Registration Paid by: Cash/ Charge	
Date: ___/___/___	

DROP-IN PLAY REGISTRATION FORM

First Name: _____

Last Name: _____

DOB: ___/___/___ Age: ___ Sex: ___

Child Doctor Name/Phone: _____

(___)-___-___ Any Medical Concerns? Yes ___ No ___

If yes, please explain: _____

Potty Trained: Yes ___ No ___ Potty Word: _____

First Name: _____

Last Name: _____

DOB: ___/___/___ Age: ___ Sex: ___

Child Doctor Name/Phone: _____

(___)-___-___ Any Medical Concerns? Yes ___ No ___

If yes, please explain: _____

Potty Trained: Yes ___ No ___ Potty Word: _____

Parent/Guardian

Mother/Authorized Representative

First Name: _____

Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Employer: _____

Work Ph: (___)-___-___ Cell Ph: (___)-___-___

Home Ph: (___)-___-___ Email: _____

Father/Authorized Representative

First Name: _____

Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Employer: _____

Work Ph: (___)-___-___ Cell Ph: (___)-___-___

Home Ph: (___)-___-___ Email: _____

Emergency Contact

First Name: _____ Last Name: _____ Address: _____ Mobile Phone:(___)-___-___

Authorized for pick-up Yes ___ No ___ Relationship: _____

First Name: _____ Last Name: _____ Address: _____ Mobile Phone: (___)-___-___

Authorized for pick-up Yes ___ No ___ Relationship: _____