



Registration Form

Registration will remain active unless there are no visits for 12 months.
Please print neatly!

Date: _____

Guardians

1) First Name: _____ Last Name: _____ Home _____
 Address: _____ Apt#: _____ Cell _____
 City: _____ State: _____ Zip: _____ Work: _____

2) First Name: _____ Last Name: _____ Home _____
 Address: _____ Apt#: _____ Cell _____
 City: _____ State: _____ Zip: _____ Work: _____

Children's Doctor Name: _____ Phone: _____
 Children's Dentist Name: _____ Phone: _____

Emergency / Authorized Pick Up Contacts: Must list at least one contact other than parents.

1) First Name: _____ Last Name: _____ Person Authorized to Pick up
 Circle Relationship: Parent Grandparent Step-Parent Foster Parent Relative Friend
 Home: _____ Cell: _____ Work: _____

2) First Name: _____ Last Name: _____ Person Authorized to Pick Up
 Circle Relationship: Parent Grandparent Step-Parent Foster Parent Relative Friend
 Home: _____ Cell: _____ Work: _____

Additional People Authorized to Pick up. For the safety of your child, people listed will be required to show picture I.D. and sign out with full signature. If Emergency Contacts are unable to pick up, please list at least one contact other than parents.

1 _____ Phone Number: _____
 2 _____ Phone Number: _____

Children Enter names as you would like them to appear on their name tags.

First Name			
Last Name			
Sex	BOY GIRL	BOY GIRL	BOY GIRL
Birthdate			
Hygiene	Diapers Remind Trained	Diapers Remind Trained	Diapers Remind Trained

Please review each question, if yes, explain in the space provided below for each child.

1. Food allergies or restrictions?			
2. Medicine allergies?			
3. Other allergies			
4. Takes medications?			
5. Asthma?			
6. Hearing/vision problems?			
7. Past health concerns?			
8. Activity restrictions?			
9. Special routines?			
10. Usually take a nap?			

Please inform The Nest of anything that would better your child's experience with us.

Signature _____ **Date:** _____

_____(Initials) I grant "The Nest" ownership and the right to use photographs that are produced from my child's participation in their facility and may be used for exhibits, publications, or other medium presentation by The Nest. I also grant The Nest my absolute and irrevocable consent to use my child's photograph without further approval on my part. I release The Nest, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of such photographs including, but not limited to, any claims for defamation, invasion of privacy or right to publicity.

To receive special offers or upcoming news from TheNestKids.com, please provide us your email address: _____

Friend Referral? Let us know if your friend referred you, we'll give them a FREE hour. Full Name: _____

ADMISSION FORM AGREEMENT

The Nest for Mom, LLC January 2010

On behalf of myself, my spouse, and each child designated (my "Child") I enter into this Admission Form Agreement ("Agreement") with The Nest for Mom, LLC ("The Nest") regarding the provision of a supervised, indoor play environment for my Child(ren) _____.
In this Agreement my child(ren) can attend the center as long as my registration is active (I have visited at least one time during each 12 month period starting from my original registration date).

1. **Facility Use:** Subject to this Agreement and other terms as drop-in, short-term child care for my Child up to four hours any given day which includes use of the facility and participation in art and play activities. Our center does not take field trips, provide transportation, or employ Community Resource Services.
2. **Future Visits:** This Agreement, the Registration Form and the Release will be kept on file at The Nest child care center. It will continue to constitute binding obligations for any future visits my Child may make to The Nest. However, this Agreement does not obligate The Nest to continue to provide services, and The Nest reserves the right to refuse admission to any child for any reason without liability.
3. **Reservations** are strongly recommended, but not required in order to guarantee my child a place in The Nest. Reservation changes or cancellations are appreciated 24 hours before the scheduled reservation.
4. **Payment:** Payment for The Nest services will be due at the time of each check-out in cash, charge or debit card in the amount calculated by multiplying the time elapsed from check-in to check-out by the rates posted at the time of the visit, and for posted amounts for other services; such as, family registration fee and retail items. The Nest may charge a service fee for any unpaid invoices. No refunds are given. Any changes in fees will be posted for at least 30 days.
5. **Health Policies:**
 - a) **Health:** My Child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to The Nest on the attached Registration Form. My Child does not have any infectious, contagious or communicable diseases. I understand immunizations and tuberculosis testing verification is not required for attendance at The Nest.
 - b) **Illness:** In the event my Child becomes sick with a contagious illness after visiting any The Nest location during the gestation period of such illness, I agree to notify The Nest as soon as possible to enable The Nest, in its discretion, to notify each family of all the children who may have been exposed. I agree to keep my child home for the length of his/her illness.
 - c) I will indemnify The Nest from any disease passed on to another child regardless of disclosure.
6. **Medical Procedures:**
 - a) General Medical Guidelines/Discretion: Although The Nest makes every effort to provide a safe environment it is possible my child could get injured. In such event, I authorize The Nest to follow its internal procedures, including simple first aid as reasonably appropriate; however, I understand The Nest shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise.
 - b) Medical Authorization: In the event The Nest determines emergency medical attention is necessary for my Child, The Nest is authorized by me or whoever signs my child in for that day, (Authorized Representative), to act as an agent for me and to give my permission for my Child to be attended by a physician in such circumstances as The Nest deems necessary.
7. **Safety/Indemnity:** I agree that The Nest may take action which it considers prudent to protect the safety of my Child, and other children visiting The Nest. I further agree to indemnify, defend and hold The Nest (and its owners, directors, and employees) harmless from and against all actions, claims, or liability, including attorney fees and court costs, directly or indirectly caused by my Child or resulting from any inaccuracy or omission made by me in completing the Registration Form.
8. Childcare professionals are required by law to report any suspected child abuse.
9. I will keep the center informed of any changes in my family status, such as new phone number, address or circumstances that might affect my child's behavior.
10. The Nest staff will use guidance techniques such as positive reinforcement, modeling and redirection to teach the children what TO DO, rather than focus on misbehavior and what not to do.
11. **Additional Requirements:**
 - a) I have read and agree to the terms and conditions of The Nest Parent Handbook.
 - b) As a condition to my use of the services, I have accurately completed and signed the Registration Form and Release. I understand that The Nest will rely on this information in caring for my Child.
 - c) I agree to pay all cost and attorney fees arising out of any action relating to this Agreement, the Registration Form or the Release for collection purposes or otherwise.
12. **Assignability:** This Agreement shall not be assignable by the either party without the prior written consent of the other party and any such assignment shall not relieve either party from its obligations hereunder.
13. **Binding Effect:** This Agreement shall be binding upon and inure to the benefit of the parties hereto, their successors and assigns.
14. **Costs and Expenses:** The prevailing party in any litigation or arbitration arising out of or relating to this Agreement shall be entitled to recover reasonable attorneys' fees and litigation costs, including expert witness fees, whether incurred in arbitration, trial or upon appeal.
15. **Governing Law:** Washington State Law governs this agreement. Any dispute between the parties shall be first be resolved by a good faith negotiation by the parties and then subject to mediation.
16. **Entire Agreement:** This agreement comprises the entire agreement and no other agreements of kind, verbal, or understanding of promise whatsoever will be recognized or binding.
17. **Signers of Agreement:** All signers on this agreement are individually responsible to fully perform all obligations under this agreement. It is your responsibility to know whether this agreement is in default or that payments have been missed. We are not responsible for notifying you of late payments or any default proceeding unless required to do so under applicable law.
18. **No Waiver of Rights:** We do not waive our right to have future payments made when due if we accept a late or partial payment or delay the enforcement of our rights on any occasion.
19. **Acceleration of Payments:** If you default and fail to cure the same after we give you notice and opportunity to cure as required under applicable law, we can demand immediate payment of all unpaid installments.
20. **Collection Charges:** If this agreement is referred to an attorney or collector for collection, you will pay all actual and reasonable costs of collection, including attorneys' fees and court costs.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Date

Signature of Parent/Legal Guardian

Date

Signature of The Nest Authorized Representative

RELEASE

The Nest child care location, provides a fun and safe environment for children. However, in any child care program, injuries may occur. In order for The Nest to be able to provide hourly child care services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services, The Nest is requesting that you sign this release.

1. I, on behalf of myself, my spouse, and each child designated on the Admission Form Agreement (my "Child"), waive and release all rights, causes of action and claims against The Nest and their respective owners, directors, and employees, for any and all loss of or damage to property or injuries suffered by my Child during the time my Child is visiting The Nest location, including the possible negligence of The Nest, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release I engage The Nest to provide temporary child care for my Child at my own risk. I represent that I am authorized to sign this release on behalf of the child(ren) listed.
2. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of The Nest and the Release, including, but not limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by The Nest other than those contained in the written information supplied to me by The Nest.
3. I understand that this Release will be kept on file at The Nest and will continue in effect for this and any future visits my Child may make to The Nest location.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

TM

Date

Signature of Parent/Legal Guardian