

**FAMILY INFORMATION**

**Zip and Pep Playcare  
SIBLING'S INFORMATION FORM**

**Additional Child:**

\_\_\_\_\_  
First Name                      M. I.                      Last Name                      AGE: \_\_\_\_\_                      SEX: M \_\_\_ F \_\_\_

PREFERRED NAME: \_\_\_\_\_                      DOB: \_\_\_/\_\_\_/\_\_\_

CURRENT SCHOOL / DAY CARE (IF APPLICABLE): \_\_\_\_\_

CHILD'S LIVING ARRANGEMENTS: (check one if different than primary child's)

( ) BOTH PARENTS    ( ) MOTHER    ( ) FATHER    ( ) OTHER \_\_\_\_\_

CHILD'S LEGAL GUARDIAN(S): (check one if different than primary child's)

( ) BOTH PARENTS    ( ) MOTHER    ( ) FATHER    ( ) OTHER \_\_\_\_\_

HOME ADDRESS: (if different from primary child's)

STREET ADDRESS/UNIT #: \_\_\_\_\_  
\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DOES THIS CHILD HAVE ALLERGIES?                      \_\_\_ YES    \_\_\_ NO

\*If yes, please complete the Allergy Plan form

DOES THIS CHILD REQUIRE AN EPI-PEN?                      \_\_\_ YES    \_\_\_ NO

\*If yes, please complete the Allergy Plan form

DOES this CHILD TAKE ANY MEDICATIONS?                      \_\_\_ YES    \_\_\_ NO

\*If yes, please complete the Medication Administration form

DOES THIS CHILD HAVE ANY SPECIAL HEALTH NEEDS?                      \_\_\_ YES    \_\_\_ NO

\*If yes, please complete the Care Plan for Children with Special Needs

ADDITIONAL HEALTH INFORMATION NOT LISTED ABOVE: \_\_\_\_\_

HAS THIS CHILD EVER EXHIBITED ANY OF THE LISTED BEHAVIORS?

\*Please select all that apply

running away/escaping     excessive crying     defiance     aggression (hitting, biting, pushing, etc.)

**CONSENTS**

**Zip and Pep Playcare  
EMERGENCY MEDICAL AUTHORIZATION**

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

EMERGENCY INFORMATION: (if different than child #1)

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE/EXT: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SHOULD MY CHILD SUFFER AN INJURY OR ILLNESS WHILE IN THE CARE OF ZIP AND PEP PLAYCARE AND THE FACILITY IS UNABLE TO CONTACT ME (US) IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE SUCH MEDICAL ATTENTION AND CARE FOR THE CHILD AS MAY BE NECESSARY. I (WE) SHALL ASSUME RESPONSIBILITY FOR PAYMENT OF THESE SERVICES.

**HEALTH INSURANCE INFORMATION**

POLICY NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_

INSURANCE PROVIDER PHONE NUMBER: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

POLICY HOLDER'S PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE

DATE: \_\_\_\_\_

FACILITY DIRECTOR: \_\_\_\_\_

SIGNATURE

DATE: \_\_\_\_\_

**CONSENTS**

**Zip and Pep Playcare  
WAIVER, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of ZaP Playcare, LLC (d/b/a "Zip and Pep Playcare"), their owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "ZaPP"), I hereby agree to release, indemnify, and discharge ZaPP, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my child's/children's participation in ZaPP activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to them, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. Furthermore, ZaPP employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's health or abilities. They may give incomplete warnings or instructions and the equipment being used might malfunction
2. I expressly agree and promise to accept and assume all of the risks existing in these activities. My child's/children's participation is purely voluntary and I elect to allow them to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ZaPP from any and all claims, demands, or causes of action, which are in any way connected with my child's/children's participation in ZaPP activities or their use of ZaPP's equipment or facilities including such claims based upon damages cause or alleged to be caused in whole or in part by the negligent acts or omissions of ZaPP.
4. Should ZaPP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage my child/children may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child/children may have.
6. In the event that I file a lawsuit against ZaPP, I agree to do so solely in the state of Georgia, and I further agree that the substantive law of Georgia shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this agreement, I acknowledge that if anyone is hurt or property is damaged during my child's/children's participation in ZaPP activities, I may be found by a court of law to have waived my right to maintain a lawsuit against ZaPP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

**In Consideration of:**

**CHILD'S NAME:** \_\_\_\_\_  
Print Name

**D.O.B.:** \_\_\_\_\_

**PARENT/ GUARDIAN:** \_\_\_\_\_  
Signature

**DATE:** \_\_\_\_\_

**FACILITY DIRECTOR:** \_\_\_\_\_  
Signature

**DATE:** \_\_\_\_\_