



11005 Jones Bridge Road, Suite 105  
Johns Creek, GA 30022  
(678) 691 - 4059  
[www.zipandpep.com](http://www.zipandpep.com)

FAMILY NAME: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

### REGISTRATION CHECKLIST

Required:

- o Enrollment Application
  - Family Information
  - Consents
- o Immunization Record
- o \$50 Registration Fee (per Family)

As Necessary:

- o Medication Authorization
- o Food Allergy Plan
- o Care Plan for Children with Special Health Needs

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

REGISTRATION FEE PAID: \_\_\_ CASH \_\_\_ CREDIT CARD \_\_\_ DEBIT CARD  
\_\_\_ MONEY ORDER \_\_\_ CASHIER'S CHECK

"Our Success is measured in  
**Kids' Laughs and Parents' Smiles"**

**FAMILY INFORMATION**

**Zip and Pep Playcare  
CHILD'S INFORMATION**

**PRIMARY CHILD:**

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

PREFERRED NAME \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**CHILD'S LIVING ARRANGEMENTS: (check one)**

BOTH PARENTS    MOTHER    FATHER    OTHER \_\_\_\_\_

**CHILD'S LEGAL GUARDIAN(S): (check one)**

BOTH PARENTS    MOTHER    FATHER    OTHER \_\_\_\_\_

**HOME ADDRESS:**

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

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

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 MEDICATION?                      \_\_\_ 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 THESE BEHAVIORS? \*Please select all that apply

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

**HOW DID YOU HEAR ABOUT US?**

- \_\_\_ Walk-by
- \_\_\_ Referral (if so, from whom: \_\_\_\_\_)
- \_\_\_ Website ([www.zipandpep.com](http://www.zipandpep.com))
- \_\_\_ Facebook Page / Ad
- \_\_\_ Other (if so, please identify: \_\_\_\_\_)

**\*To register additional children, please complete the Sibling's Information Form\***

**FAMILY INFORMATION**

**Zip and Pep Playcare  
PARENT / GUARDIAN INFORMATION**

**1) PARENT / GUARDIAN**

_____	_____	_____	<input type="checkbox"/> <b>MAIN CONTACT</b>
First Name	M. I.	Last Name	
<b>Birthdate:</b> ___/___/___			
<b>HOME ADDRESS:</b> (if different than Primary Child's)			
_____			
_____			
<b>HOME PHONE NUMBER:</b>			
_____			
<b>PLACE OF EMPLOYMENT:</b>			
_____			
<b>WORK PHONE NUMBER:</b>			
_____			
<b>CELL PHONE NUMBER:</b>			
_____			
<b>EMAIL ADDRESS:</b>			
_____			

**2) PARENT / GUARDIAN**

_____	_____	_____	<input type="checkbox"/> <b>MAIN CONTACT</b>
First Name	M. I.	Last Name	
<b>Birthdate:</b> ___/___/___			
<b>HOME ADDRESS:</b> (if different than Primary Child's)			
_____			
_____			
<b>HOME PHONE NUMBER:</b>			
_____			
<b>PLACE OF EMPLOYMENT:</b>			
_____			
<b>WORK PHONE NUMBER:</b>			
_____			
<b>CELL PHONE NUMBER:</b>			
_____			
<b>EMAIL ADDRESS:</b>			
_____			

**FAMILY INFORMATION**

**Zip and Pep Playcare  
ALTERNATE CONTACTS**

MY CHILD(REN) MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING LISTED INDIVIDUALS.

1) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SELECT ALL THAT APPLY:  Pickup  Emergency Contact  Only Pick Up \_\_\_\_\_  
child's name

2) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SELECT ALL THAT APPLY:  Pickup  Emergency Contact  Only Pick Up \_\_\_\_\_  
child's name

3) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SELECT ALL THAT APPLY:  Pickup  Emergency Contact  Only Pick Up \_\_\_\_\_  
child's name

PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

FACILITY DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

**CONSENTS**

**Zip and Pep Playcare  
EMERGENCY MEDICAL CONSENT**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY INFORMATION:**

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

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

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

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 FOR SERVICES.

**HEALTH INSURANCE INFORMATION (optional)**

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 caused 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: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

FACILITY DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE

**CONSENTS**

**Zip and Pep Playcare  
PARENTAL AGREEMENTS**

**(Please initial beside each agreement)**

\_\_\_\_\_ I acknowledge Zip and Pep Playcare is a play and enrichment center focused on the short term hourly care of children ages 12 months to 12 years old. **Zip and Pep Playcare is not a substitute for the long-term child care services provided by traditional child care centers, group day care home and family day care home centers.** As such, I recognize and understand that Zip and Pep Playcare is not licensed as a child care learning center, group day care home, or family day care home by the Georgia Department of Early Care and Learning/Bright From the Start licensing agency.

\_\_\_\_\_ The registration fee (non-refundable/non-transferable) is due at the time of registration.

\_\_\_\_\_ My child will not be allowed leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

\_\_\_\_\_ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

\_\_\_\_\_ I agree to inform Zip and Pep Playcare within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life-threatening diseases that must be reported immediately to a local medical facility.

\_\_\_\_\_ Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked.

\_\_\_\_\_ I have received a copy of the Parent's Playbook and agree to abide by the policies and procedures contained herein.

\_\_\_\_\_ I authorize Zip and Pep Playcare to send promotional emails to the email addresses contained herein. **I may unsubscribe to emails from Zip and Pep Playcare at any time.**

\_\_\_\_\_ I authorize Zip and Pep Playcare to use photos and/or other likenesses of myself and/or child (or the child for whom I have legal guardianship) for any promotional materials regarding Zip and Pep Playcare's programs, facilities, or services. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Zip and Pep Playcare website and internet presences.

**PARENT / GUARDIAN:** \_\_\_\_\_  
SIGNATURE

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

**FACILITY DIRECTOR:** \_\_\_\_\_  
SIGNATURE

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