



# CHABAM, The Educational Playcenter, Registration Form

**Registration Information:** This information needs to be completed and on file before a child may be enrolled in the Creative Curriculum or the Ready, Set, Grow! Drop-In Creative Arts Program.

**Please Print Neatly**

## Primary Parent/ Guardian

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_ Relationship to Child \_\_\_\_\_

4 digit code (numbers and/or letters) to be utilized for authorized pick up of child \_\_\_\_\_

## Secondary Contact/ Guardian

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_ Relationship to Child \_\_\_\_\_

## Child Information (Please fill out a separate form for each child)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Female / Male

**Medical Information:** Please check any items that apply to child and explain.  Allergies  Asthma  Hearing/ Vision Problems

Dietary Restrictions  Activity Restrictions  Other Explanation of above checked items \_\_\_\_\_

## Emergency Information

Doctor Name & Phone \_\_\_\_\_ Dentist Name & Phone \_\_\_\_\_

## Alternative Contact

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Authorized for Pick-Up  Yes  No

## Authorized for Pick-Up

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Privacy Statement** This information will be maintained and used only for the purpose of providing CHABAM services. Please note, in the event of any changes to this information, it is the responsibility of the parent or guardian to notify CHABAM.



# CHABAM, The Educational Playcenter, Enrollment Contract

**Enrollment Contract:** This contract needs to be completed, signed, and on file, and a deposit or full tuition paid before a child may be accepted in the 12-week or 9-month Creative Curriculum classes.

Parents and/or guardians responsible for payments should read all provisions of this enrollment contract, complete required information and sign and return the enrollment contract to CHABAM. Payment in full is required to insure placement in the 12-week session. A nonrefundable deposit of \$200 is required to hold placement in the 9-month Program and will be applied against the total tuition.

In consideration of the acceptance of this contract by CHABAM, the undersigned agrees to pay the required TOTAL TUITION for the 12-week or 9-month Creative Curriculum Session and agrees to be bound by the provision of this contract.

In order for CHABAM to budget expenses for faculty salaries, facility maintenance and instructional purchases it is essential that the annual income from tuition be assured. No refund or cancellation of tuition fees will be made for absense, withdrawal or dismissal. However, missed classes can me made up in any age appropriate class or Ready, Set, Grow! program! Please call to schedule all make-ups.

## Payment Plan Contract

### Payment Options for 12-week Session

Full Tuition is due first week of classes to insure placement in the 12-week session. Session will be prorated at the end of the 2nd class.

### Payment Options for 9-Month Session

Full Tuition Payment:

Receive a 3% discount off total price if payment is received one (1) month prior to start of Fall Session.

Receive a 1% discount off total price if payment is made two (2) weeks prior to start of Fall Session.

Session Payment Plan:

Payment is due the first week of the start of each Session (Fall, Winter, Spring).

Monthly Payments:

The deposit plus the first month payment are due before start of classes to insure enrollment.

Payment is due the 1st of the month. A 1% administrative fee will be applied to all Monthly payments.

I have read the Payment Plan Contract and I understand and agree with the requirements necessary to insure placement of my child in the Creative Curriculum Classes at CHABAM.

Name of Child Enrolled \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_ Cost \_\_\_\_\_ Art Supply Fee \_\_\_\_\_

Class \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_ Cost \_\_\_\_\_ Art Supply Fee \_\_\_\_\_

Registration Fee \_\_\_\_\_ Discounts \_\_\_\_\_ Notes \_\_\_\_\_

\_\_\_\_\_ One Payment. Total Amount Paid \$ \_\_\_\_\_

\_\_\_\_\_ Session Payments. Total Amount Paid \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payments. Total Amount Paid \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Parent/ Guardian responsible for Payment (Print Name): \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_



# CHABAM Release Form

## Important Information for Parents/Guardians

The CHABAM mission is to support the growth and development of children through a research-based, progressive, music, art and movement program in a safe, clean and secure facility. The following policies and procedures are intended to assist in promoting a safe, secure, fun learning environment for the children and families who visit CHABAM. These rules are strictly enforced for the benefit of the CHABAM client and/or team. The CHABAM education team is comprised of degreed educators who are experienced in creating learning opportunities and providing children a safe and properly supervised environment. The CHABAM educators are certified in First Aid, CPR, Communicable Disease, and Child Abuse Prevention and Recognition.

### Eligible Ages and Length of Stay

Our Creative Curriculum program is designed for children 4 months thru 12 years and has classes ranging from 45 minutes to 3 hours. Our Ready, Set, Grow! program is designed for children 18 months through 7 years and accommodates children for a minimum of one (1) hour and a maximum of four (4) hours. Children may combine the Creative Curriculum and Ready, Set, Grow! in the same visit for a maximum of four (4) hours per visit.

### Registration

By signing this registration form you authorize CHABAM to take photographs of you, your children and caregivers for the sole purpose of identification and security in monitoring the check-in and release of your children. In the event of software or power failure, alternative photo identification, such as a state drivers license, will be required for the identification check upon entrance or exit. Photo identification will be shown upon initial registration. Photos on file at CHABAM will be periodically updated to ensure accuracy. Children will only be released to a parent, guardian, or authorized person for pick-up whose digital photo image is on electronic file at CHABAM. Additional security measures including pin numbers and/or identification bracelets may be utilized to ensure the safety and security of the children.

### Future Visits

This Agreement, Registration Information, and the Release Form, will be kept on file at CHABAM and will continue to constitute binding obligations for any and all future visits you and your child make to CHABAM. However, this Agreement does not obligate CHABAM to continue to provide services, and CHABAM reserves the right to refuse admission to any child for any reason without liability.

### Payment

Payment for all CHABAM programs will be due at the time of each checkout, or upon class registration. Payment may be made with cash, check, charge or debit card. CHABAM may refuse to accept payment by check and will charge a fee for any returned checks. If you fail to pick up your child before the end of the four-hour maximum period a late fee will be assessed. Payment for the 9-month session can be paid in full at the start of the year, by session, or monthly. A non-refundable deposit of \$200 will be due to hold your place in the class. By signing this agreement, you agree to pay the full amount for the class regardless of attendance. Refunds for 12-week Creative Curriculum Classes are 100% one week before the start of the session, 50% after the first week of class, and no refunds at the end of the second week of classes and beyond. Any changes in fees will be posted for at least 30 days.

### Non-Discrimination Policy

CHABAM does not discriminate against any child on the basis of race, color, religion, sex or national origin. However, in an effort to keep all children safe in the CHABAM facility, CHABAM reserves the right to deny entry of a child with medical, behavioral or other issues that our staff may not be equipped to safely handle or cannot reasonably accommodate. No more than fifty (50) children will be accepted for programming at any one time. CHABAM reserves the right to adjust this capacity at any time.

### Administration of Medicine & Emergency Medical Procedures

The staff at CHABAM will NOT administer any routine medical procedures (i.e. nebulizers), prescription and/or non-prescription medication to any child. If such medication needs to be administered to your child and if your child requires any non-emergency medical procedure at any time during their stay at CHABAM, you must advise the CHABAM staff at check-in and you or your authorized representative will be required to return to CHABAM to administer the medication/procedure. Although CHABAM strives to provide a safe environment, it is possible that your child could become injured. In such event, you hereby authorize CHABAM to follow its internal procedures, including basic first aid as reasonably appropriate, understanding that CHABAM shall not be required to strictly follow those guidelines when circumstances may require otherwise. In the event CHABAM determines that emergency medical attention is necessary for your child, you (or whoever signs your child in on that day) will have authorized CHABAM and its staff to act as your agent and give permission for your child to be treated on-site with reasonably appropriate measures or to arrange for emergency medical treatment by a physician or other appropriate medical personnel including emergency medical transportation in such circumstances as CHABAM deems necessary. CHABAM shall not incur or be liable for any third party medical expenses, which shall be the sole responsibility of the parents or legal guardians.

**Child Abandonment Policy**

The maximum amount of time that a parent/guardian may leave their child at CHABAM is four (4) hours. If a parent/guardian does not return to CHABAM, and contact is not made within 30 minutes, the CHABAM Child Abandonment Policy will be enforced which will entail attempting to contact all persons on the registration form that have been authorized to pick up the child, and if such persons are not immediately available, the appropriate law enforcement or child welfare agency personnel will be contacted.

**Non-Medical Emergency Procedure**

In the event of a fire, tornado, or other similar emergency, casualty or peril, CHABAM may be evacuated. In such event, CHABAM will evacuate children to the safest alternative location under the circumstances and will attempt to contact parents immediately. If an evacuation does occur, please follow instructions of the on-site safety and security personnel and/or listen to the radio/television for current information and instructions.

**Food and Drink**

CHABAM offers a limited selection of pre-packaged snacks and beverages which it distributes in the Creative Curriculum and Ready, Set, Grow! Drop-Off Program. Although reasonable measures will be taken to prevent sharing of food and drinks among children, it may be possible that your child will consume food and drinks that were not designated for them. Please note that CHABAM is a peanut safe facility. All clients are requested to refrain from bringing any peanut-based foods on site. If your child suffers from food allergies, you are required to notify CHABAM staff at registration and check-in.

**Safety and Indemnity**

By authorizing below, you hereby agree that CHABAM may take action that it considers prudent to protect the safety of your child and the other children visiting CHABAM. You further agree to indemnify, defend and hold CHABAM (and its owners, director, agents, employees, successors and/or assigns) harmless from and against all actions, claims, or liability (including attorney fees and court costs) directly or indirectly caused by your child or resulting from any inaccuracy or omission made by you in completing this Agreement, the Release, or the Registration Form, and/or otherwise providing information (written or otherwise) to CHABAM.

**Health Certifications**

Verification of immunizations and tuberculosis testing is required for attendance in the Creative Arts Curriculum and the Ready, Set, Grow! Drop-Off Program.

**Release**

CHABAM, as an Ohio Limited Liability Company, provides a fun, safe, secure learning environment for children and families. However, in any child oriented program, injuries may occur. In order for CHABAM to provide services for you and your child, it is necessary that you assume certain risks. Thus as a requirement to and in consideration for receiving our services, CHABAM is requesting that you sign this Release. I, on behalf of myself, my spouse, and each child designated on the Registration Form (my Child), hereby waive and release all rights, causes of action and claims against CHABAM, an Ohio LLC, its owners, director, agents, employees, assigns and successors, for any loss, cost, expense, damage or injury, I, my spouse, and/or my child may suffer from their visit to CHABAM, including the possible active and passive negligence of CHABAM or any of its owners, director, agent or employees, but excluding gross negligence and intentional misconduct. I understand that by signing this release I engage CHABAM to provide programs and services for my child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of CHABAM and this 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 CHABAM or its employees other than those contained in the written information supplied to me by CHABAM. In addition, I have been afforded the opportunity to inspect the premises of CHABAM and find that it is safe and satisfactory for my child. I understand this Release will be kept on file at CHABAM and will continue in effect for this and any and all future visits my child may make to CHABAM.

**I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies, procedures, and release. In addition, I agree that the release is effective against me, my spouse and my child(ren).**

Authorization:

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

