



Registration Form

Class Preference: AM PM

Child's Full Name: _____ Nickname _____
 Date of Birth: _____ Age _____ Gender: M F
 Street Address: _____ Phone: _____
 City/State: _____ Zip Code: _____
 Email (for correspondence or reminders): _____

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____

Emergency Contact (Name & Number): _____

Special Needs or Things I Need to Know About Your Child: _____

Medical Conditions: _____

Allergies: _____

Birth Certificate: _____ Vaccination Record: _____ Registration Fee: _____

Please read this form carefully and be aware that in signing up and participating in the use of Curious Minds Learning Center programs, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program. Your signature is required on this form.

Waiver & Release of All Claims

~As a participant or parent/guardian of participant(s) in these program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with such program(s)/activities held on or off Curious Minds Learning Center property (including transportation services/vehicle operation, when provided)."

"I do hereby fully release and forever discharge Curious Minds Learning Center and its independent contractors, officials, agents, volunteers, servants, and employees from any and all claims from injuries, including death, damages, or losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with these program(s)/activities (held on or off Curious Minds Learning Center property) or the transportation services."

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Adult Parent/Guardian 18 years of age or older: _____ Date: _____