

# RAZORBACK CHILDCARE

## REGISTRATON FORM

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Where you will be: \_\_\_\_\_

Best contact number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date: September 3, 2011 Time: 4-10 PM

\_\_\_\_\_ Date: September 17, 2011 Time: 4:30-10:30 PM

\_\_\_\_\_ Date: October 8, 2011 Time: TBA (2 hours prior & 4 hours after kickoff)

\_\_\_\_\_ Date: November 5, 2011 Time: TBA (2 hours prior & 4 hours after kickoff)

\_\_\_\_\_ Date: November 12, 2011 Time: TBA (2 hours prior & 4 hours after kickoff)

\$60 for the first child

\$10 for each additional child

Prepay for all 5 games and get it for \$250 and \$50 for each additional child

By signing, I give consent for the Fayetteville Montessori School to authorize medical and surgical aid deemed necessary and expedient by licensed physician/surgeon in an emergency if parents cannot be reached. I give my consent for a staff member to transport my child for emergency medical treatment if parents cannot be reached. I also understand that I am leaving my child in the care of Fayetteville Montessori for childcare. I release and discharge the owners, agents, and employees of Fayetteville Montessori School from all liability, whether caused by negligence or otherwise, for any and all loss or damage to the undersigned or their property. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage.

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Parent or Guardian Signature

Date