



# Enrollment Form

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## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Imagination Station Staff.

To contact the following:

### PHYSICIAN OR CLINIC

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Address (optional) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Address (optional) \_\_\_\_\_

## WALKING FIELD TRIPS

I DO

I DO NOT

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY CENTER (MCC) GYM, ROTARY PARK, JUBILEE THEATER, ETC. UNDER PROPER SUPERVISION. I WILL BE INFORMED IN ADVANCE OF ALL FIELDTRIPS/EXCURSIONS

## AGREEMENTS

- A. I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- B. I have been informed that a copy of the licensing rules for child care centers is available at the facility for review.
- C. When my child is ill, I understand that my child may not be accepted or remain in care.
- D. I am aware of the options available for continuing communication regarding my child's development, behavior and individual needs.
- E. I agree to a minimum enrollment of 3 months. I will give a two week *paid* notice after such period if withdrawing my child from ISE.
- F. I understand that missed days will not be refunded or forwarded to the next month.
- G. I give Imagination Station permission to use group activity photos with my child in them for the local newspaper, on display at the facility, or on the Imagination Station website for the purpose of promoting their business. Children will not be named in photos without parent permission.
- H. I hereby give my child permission to attend Imagination Station and release Imagination Station from claims for damages or injuries incurred while participating in the program. (As a precaution, Imagination Station does carry liability insurance coverage).

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Deliver or Mail This Completed Form and \$25 Registration Fee To:

Imagination Station  
110 Commercial Suite 102  
Marshfield, MO 65706  
(417)859-6055