



158 Newark Ave.
Jersey City, NJ 07302
T: (201) 324-1700 / F: (201) 324-1788
info@sensorykidsandsocialminds.com
www.sensorykidsandsocialminds.com

2 Hour Drop-Off Program Enrollment & Agreement Form

Child's Name (First, Last): _____

Chronological Age: _____ D.O.B.: ____/____/____ Gender (Please circle): M / F

Home Address: _____

Parent's Name: (Father/Mother) _____

Contact number: _____ Email: _____

Parent's Name: (Father/Mother) _____

Contact number: _____ Email: _____

Guardian/Caregiver/Babysitter's Name: _____

Contact number: _____

PROGRAM ENROLLMENT:

Rates are based on a 6-week enrollment period: (Minimum 6-week commitment required*)

\$25 = One time registration fee per family

Please select one:

\$360 = 1 session per week (\$60/session)

\$600 = 2 sessions per week (\$50/session)

\$720 = 3 sessions per week (\$40/session)

All rates must be paid in full at the time of registration. b

Day/s attending (Check those which apply):

Monday Thursday

Tuesday Friday

Wednesday Saturday

Cancellations & Make ups:

Sensory Kids & Social Minds will make every effort to notify parents of cancellations via email or telephone. We also offer a compensatory make-up for every day cancelled for weather or other reasons. Make up sessions require a least 24 hours' notice to excuse an absence and be granted a make-up session. Any scheduled make up missed will be considered a paid session.

Medical History:

Does your child have any food allergies?: _____



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Does your child have any medical and/or physical conditions or precautions we should be aware of?: _____

Emergency Contact (Other than parent; Authorized to pick-up child):

Full Name: _____

Contact number: _____ Relation to child: _____

Medical Authorization:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached I hereby authorize Sensory Kids & Social Minds to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I understand that all medical bills for service rendered by anyone other than Sensory Kids & Social Minds staff are my responsibility.

Assumption of Risk, Release, Waiver and Indemnification:

The parent(s)/caregiver, undersigned below, of the enrolled child hereby acknowledges, agrees, and accepts in taking advantage of this drop-off the risk of injury and illness inherent in activities offered by Sensory Kids & Social Minds. Such risks may include but are not limited to injuries from falling, bumping, abrasions, scrapes, cuts, burns, broken, sprained or bruised limbs, as well as risks from the actions or omission of a child, parent, or caregiver. Such risks may also include illnesses and conditions transferable between persons. The parent(s)/caregiver release and hold harmless Sensory Kids & Social Minds, its owners and employees from any and all injuries, illnesses, medical conditions, damages, claims, liabilities, expenses or judgments, including attorneys' fees and court costs, suffered us and our children as a result of our attendance at Sensory Kids & Social Minds. The above release and indemnity shall not apply to the extent of injury or illness caused by the act or omission of Sensory Kids & Social Minds, its owners and employees, which is either grossly negligent or intended to cause such injury or illness.

By signing below, I acknowledge as parent(s)/guardian, I am responsible for paying the full rate at the time of registration and financially liable for my child's account with Sensory Kids & Social Minds.

Parent/Guardian's Signature

Today's Date

Sensory Kids & Social Minds' Staff (Witness)

Today's Date