



LYNNFIELD, MASSACHUSETTS

## APPLICATION

***Please Print***

I. Personal Information:

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent's Names \_\_\_\_\_

Contact Numbers (Please list at least 2)

\_\_\_\_\_  
\_\_\_\_\_

Email (will be used for direct contact from Curious Kids ONLY)

\_\_\_\_\_

Registering for (circle one and NOTE DATES OF SESSION OR CLASS)

**Play School** Summer Drop-In Session: \$20 per class

**Play School** School Year Session (8 weeks): \$160

**STEAM School** Summer Drop-In Session: \$25 per class

**STEAM School** School Year Session (8 weeks): \$200

**Makers and Tinkers** (Single Class): \$50

**Animal Storyoga** (8 weeks): \$200

Please note: Payment must be received with registration for a child to be considered registered. Unfortunately, payment is non-refundable unless your child's section of STEAM School or Play School becomes full.

## II. Emergency Information

My child does/does not (circle one) have allergies or specific medical conditions. These allergies or medical conditions are/are not (circle one) life threatening. The allergies or medical conditions my child has are:

---

The warning signs of concern relating to my child's allergies or medical condition are:

---

In the event of an emergency, I give Kathryn Price permission to seek medical treatment for my child.

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

## III. Waiver of Liability

I agree that this Waiver and Release of Liability shall apply to each day I am at **Curious Kids**, 12 Russet Lane, Lynnfield, MA regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of Curious Kids or participating in any off-site program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits, or related causes of action against **Curious Kids**, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against **Curious Kids** arising from my conduct and/or my family's conduct while participating in **Curious Kids'** programs or activities. I further agree to release, indemnify, defend and hold **Curious Kids** harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_/\_\_\_/\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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