



Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth	M F Gender
_____ Child's Name		_____ Date of Birth	M F Gender
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home or Cell Phone	_____ Work Phone	_____ Home or Cell Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	
_____ Email		_____ Email	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home or Cell Phone	_____ Work Phone	_____ Home or Cell Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date



Extended day options:

Great Starts:

7:30 am – 9:00 am

Pricing: Three day minimum

3 days: \$40 4 days: \$50 5 days: \$60

Extended Fun:

3:00 pm – 5:30 pm

Pricing: Three day minimum

3 days: \$75 4 days: \$100 5 days: \$120

Great Starts and Extended Fun:

7:30 am to 9:00 am and 3:00 pm to 5:30 pm

Pricing: Three day minimum

3 days: \$115 4 days: \$150 5 days: \$175

Note: Adding an unscheduled morning: \$15; afternoon: \$30 and both morning and afternoon: \$40

In the table below, please mark the days of week and program your child(ren) will require.

Please note once dates are requested for your child staff will be required to attend on those days to provide adequate care according to participants requesting these dates. Payment will be due no later than the Friday prior to each week. Refunds will not be available for missed days. Snow days will be evaluated with the safety of families and staff in mind. A message will be provided via e-mail and on the website to notify families if Fab-YOU-Us will be open during inclement weather situations.

	Monday	Tuesday	Wednesday	Thursday	Friday
Great Start					
Extended Fun					

PPE Kit

\$50 per participant required each session (Summer and Fall) to secure PPE kits that include masks, face shield, water bottle and designated art supplies and more.

Early Arrival and Late Pick Up Policy:

Fab-You-Us friends are not to arrive more than 5 minutes prior to agreed start time of program or an additional \$1 per minute fee will be added to billing account.

Fab-You-Us friends picked up more than 5 minutes after program end time will be charged an additional \$1 per minute for each additional minute.

Standard cell phone or front desk clock will monitor time and charges.

Additional pick up authorization

First Name	Last Name	Relationship to child

Parent/Guardian Signature _____ Date _____