



**Emergency Contact and Medical Information for a Child**

M F

Child's Name

Date of Birth

Gender

M F

Child's Name

Date of Birth

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**

**7:00 am to 9:00 am**

**Member:** \$15 per day or \$65 per week

**Non-Member:** \$17 per day or \$75 per week

**Extended Fun**

**3:00 pm to 6:00 pm**

**Member:** \$25 per day or \$115 per week

**Non-Member:** \$30 per day or \$140 per week

**Great Starts and Extended Fun**

**Member:** \$35 per day or \$155 per week

**Non-Member:** \$45 per day or \$205 per week

**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					

**Memberships:** Yearly \$100 per member or \$300 per family (up to 5 people living in the same household)

**Membership Benefits:**

Discounted rates for classes, family playdates and special events.

Birthday party discounts.

Summer fun & school vacation week discounts.

**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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_