



Enrollment/Authorization Form

TODAY'S DATE _____

START DATE _____

Child Information

| | | |
|--|--|--|
| Name: Male <input type="checkbox"/> Female <input type="checkbox"/> | Name: Male <input type="checkbox"/> Female <input type="checkbox"/> | Name: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Birthdate: | Birthdate: | Birthdate: |
| Child's Schedule | Child's Schedule | Child's Schedule |
| Monday: | Monday: | Monday: |
| Tuesday: | Tuesday: | Tuesday: |
| Wednesday: | Wednesday: | Wednesday: |
| Thursday: | Thursday: | Thursday: |
| Friday: | Friday: | Friday: |
| Saturday: | Saturday: | Saturday: |
| Sunday: | Sunday: | Sunday: |
| School: | School: | School: |
| Grade: | Grade: | Grade: |

The information above represents the original contracted schedule. For the services listed, I agree to pay Playworks on a weekly basis. If hours are changed, I agree to pay those tuition changes.

| | |
|--------------------|--------------------|
| Parent/Guardian 1: | Parent/Guardian 2: |
| Home Address: | Home Address: |
| City, Zip: | City, Zip: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Employer: | Employer: |
| Work Phone: | Work Phone: |
| Email: | Email: |

Your weekly invoice will be emailed to the email address provided above. **Choose one:** Parent/Guardian 1
 Parent/Guardian 2

Emergency Contact/Persons Authorized to Pick up Child(ren)

Parent/Guardian 1 and Parent/Guardian 2 will automatically be listed. Persons must be at least 18 years of age.

| | | | |
|---------------|-----------------------|----------------|---------------------|
| _____ NAME | _____ RELATIONSHIP | _____ PHONE | _____ CITY/STATE |
| _____ NAME | _____ RELATIONSHIP | _____ PHONE | _____ CITY/STATE |
| _____ NAME | _____ RELATIONSHIP | _____ PHONE | _____ CITY/STATE |
| _____ NAME | _____ RELATIONSHIP | _____ PHONE | _____ CITY/STATE |

No child will be released to anyone who is obviously intoxicated or under the influence of a controlled substance.

Password Protected Family Access

Parents/guardian will also be set up with access to our webpage playworksfun.com where updates, menus, policies and forms can be found. Parents will receive an email with a hyperlink to log in and select a permanent password.

Please complete if you're an SMSC team member/employee

| | | | |
|----------------------------|--------------------------|------------------------------------|------------------------------------|
| _____ SMSC BADGE NUMBER | _____ SMSC DEPARTMENT | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
|----------------------------|--------------------------|------------------------------------|------------------------------------|

Playworks accepts responsibility of your child(ren) after each child is signed in to a specific classroom with a teacher. Playworks retains responsibility until each is checked out of the specific classroom by the parent/guardian or authorized pickup.

| |
|--|
| _____ CHILD(REN) LIVES WITH (SPECIFY) |
| _____ CUSTODY INFORMATION (IF APPLICABLE) |
| COPY OF COURT DOCUMENT MUST BE PROVIDED TO DIRECTOR |

As a parent/guardian, I hereby release, indemnify, and hold harmless to the fullest extent allowed by law, Playworks and the Shakopee Mdewakanton Sioux Community from any liability for injury, loss, or damage except for gross negligence or intentional misconduct. I give my permission to Playworks to make what emergency measures as they judge necessary for the care and protection of my child(ren) while under the supervision of Playworks. In case of medical emergency, I understand that my child(ren) will be transported to St. Francis Regional Medical Center (or nearest emergency facility) by the local emergency unit at my expense if the local emergency resource deems it necessary. In the event of an accidental ingestion, I understand that Playworks will contact the Poison Control Center. I hereby authorize Playworks to act on my behalf in case of emergency.

By signing the Enrollment/Authorization Form, I agree to cooperate with the policies of Playworks and perform the obligations of the parent/guardian on the form and that all of the policies and procedures of Playworks handbook are understood and agreed upon.

| | |
|------------------------------------|---------------|
| _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |
| _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |
| _____ PLAYWORKS MANAGER | _____ DATE |

| | | |
|------------------------|------------------|-----------------|
| Office use only: | | |
| _____ ACCOUNT TYPE | _____ CLASS | _____ GROUP |
| _____ ENROLL STATUS | _____ BUS | _____ SCHOOL |
| _____ SMSC BENEFIT | _____ BILLING | |

playworksfun.com

2200 Trail of Dreams • Prior Lake, MN 55372 • 952.445.PLAY (7529)
SMSC Infant and Toddler Classroom • 2330 Sioux Trail • Prior Lake, MN 55372 • 952.496.6124

Owned and Operated by the Shakopee Mdewakanton Sioux Community