

Play, Work or Dash Preschool Summer Camp Registration - 2017

1.) SELECT YOUR CAMP (S)

For non-members, there is a \$30 registration fee per child not per session (waived if registered before March 1, 2017). 10% Discount for siblings. 10% Discount for signing up for more than three sessions throughout summer.

WEEK 1 – UNDER THE SEA (May 30 – June 1, 2017)

SESSION 1: Tuesday, Wednesday, Thursday – 9:30 am – 12:30 pm (\$90)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 2: Tuesday, Wednesday, Thursday – 1:00 pm – 4:00 pm (\$90)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

WEEK 2 – SPACE EXPLORERS (June 5 – June 9, 2017)

SESSION 1: Monday, Tuesday, Wednesday, Thursday, Friday – 9:30 am – 12:30 pm (\$135)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 2: Monday, Tuesday, Wednesday, Thursday, Friday – 1 pm – 4 pm (\$135)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 3: Monday, Wednesday, Friday – 9:30 am – 12:30 pm (\$90)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 4: Monday, Wednesday, Friday – 1:00 pm – 4 pm (\$90)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 5: Tuesday, Thursday – 9:30 am – 12:30 pm (\$60)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

SESSION 6: Tuesday, Thursday – 1 pm – 4 pm (\$60)

Child's name: _____
Date of Birth: ____/____/____

Child's name: _____
Date of Birth: ____/____/____

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<p>WEEK 3 – GREEN THUMB CLUB (June 12 – June 16, 2017)</p> <p><input type="checkbox"/> SESSION 1: Monday, Tuesday, Wednesday, Thursday, Friday – 9:30 am – 12:30 pm (\$135)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 2: Monday, Tuesday, Wednesday, Thursday, Friday – 1 pm – 4 pm (\$135)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 3: Monday, Wednesday, Friday – 9:30 am – 12:30 pm (\$90)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 4: Monday, Wednesday, Friday – 1:00 pm – 4 pm (\$90)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 5: Tuesday, Thursday – 9:30 am – 12:30 pm (\$60)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 6: Tuesday, Thursday – 1 pm – 4 pm (\$60)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p>	<p>WEEK 4– LITTLE PICASSOS (June 19 – June 23, 2017)</p> <p><input type="checkbox"/> SESSION 1: Monday, Tuesday, Wednesday, Thursday, Friday – 9:30 am – 12:30 pm (\$135)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 2: Monday, Tuesday, Wednesday, Thursday, Friday – 1 pm – 4 pm (\$135)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 3: Monday, Wednesday, Friday – 9:30 am – 12:30 pm (\$90)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 4: Monday, Wednesday, Friday – 1:00 pm – 4 pm (\$90)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 5: Tuesday, Thursday – 9:30 am – 12:30 pm (\$60)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p><input type="checkbox"/> SESSION 6: Tuesday, Thursday – 1 pm – 4 pm (\$60)</p> <p>Child's name: _____ Date of Birth: ____/____/____</p> <p>Child's name: _____ Date of Birth: ____/____/____</p>
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WEEK 5- COMMUNITY "HEROES" (June 26 - June 30, 2017)

SESSION 1: Monday, Tuesday, Wednesday, Thursday, Friday - 9:30 am - 12:30 pm (\$135)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

SESSION 2: Monday, Tuesday, Wednesday, Thursday, Friday - 1 pm - 4 pm (\$135)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

SESSION 3: Monday, Wednesday, Friday - 9:30 am - 12:30 pm (\$90)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

SESSION 4: Monday, Wednesday, Friday - 1:00 pm - 4 pm (\$90)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

SESSION 5: Tuesday, Thursday - 9:30 am - 12:30 pm (\$60)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

SESSION 6: Tuesday, Thursday - 1 pm - 4 pm (\$60)

Child's name: _____

Date of Birth: ____/____/____

Child's name: _____

Date of Birth: ____/____/____

Enrollment Totals: _____

Registration Fee (s): _____

Less Discounts: _____

TOTAL to be charged : _____

2.) FILL OUT REGISTRATION INFORMATION (If you do not already have one on file)

Parent Information

The Client's information is as follows:

Name: _____
Address: _____ Phone: _____
City/State/Zip: _____
Email Address: _____

Emergency Contact

Emergency Contact Person: _____
Emergency phone: _____ Relationship: _____

Medical Information (for minors)

Doctor/Office: _____
Phone: _____
Address: _____
Medical Ins. Carrier _____

PARENTS AGREE TO KEEP CURRENT THEIR CHILDRENS' IMMUNIZATIONS.

Allergies

Please list any known allergies of Client or Child, and indicate who has the allergy:

If either Client or Child has a severe allergy, Client is responsible for ensuring that an EpiPen® or similar instrument is available to the Company staff at all times, that Company staff are aware of such allergy. Further, to permit Company's administration of such instruments to the Child in case of an emergency:

I, _____, Client of Play, Work or Dash®, LLC and Parent to Child(ren) listed above, hereby consent to the administration of emergency medication to the above-named Child(ren) in instances of ingestion of a severe allergen, anaphylaxis and/or other, allergy-related emergency according to the dosing instructions provided to Play, Work or Dash, LLC Childcare staff.

Sign: _____ Date: _____

Emergency Consent.

When a child is ill or needs medical attention Play, Work or Dash, LLC will make an effort to get in touch with the parent/guardian that signed their child into the playroom. If that parent cannot be reached, we will make an effort to contact the second parent/guardian and/or the listed emergency contact. If they cannot be reached and we need to get immediate help for the child, the child will be taken to the nearest emergency service.

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Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD(REN) _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER IF I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT AND ALL MEDICAL COSTS RELATED TO INJURY/ILLNESS.

Sign: _____ Date: _____

Liability Waiver

Please carefully read these Terms and Conditions of Use (“Terms and Conditions”) before using playworkdash.com (“the Website”), the Co-work Services, or the Childcare Services (collectively, “Services” and outlined below) of Play, Work or Dash, LLC (“the Company”). This Agreement for Terms and Conditions of Use (“Agreement”) is made and entered effective _____ (DATE) by and between the Company, Play, Work or Dash, LLC, a Virginia Limited Liability Company, located at 8214 Old Courthouse Road, Suite B, Vienna, Virginia 22182 and the party’s whose name is contained in the registration form (“Client”), and is signed on behalf of Client and Client’s child or children (collectively “Child”) who participate in the Company’s childcare program (“Childcare” or “Childcare Services”).

Release and Waiver of Liability. By signing this Agreement, Client, on behalf of him or herself, Child, and Client’s spouse, heirs, next of kin, assigns, executors, administrators, Clients, agents, successors, employees, representatives, invitees, licensees or any others who may claim on Client or Child’s behalf (collectively referred to herein as “Client”) hereby voluntarily and irrevocably promises not to sue, and waives, releases, remises and discharges Company, its Clients, owners, employees, trustees, contractors, volunteers, representatives, agents, assigns, licensees, invitees, and successors, and anyone else acting for or on its behalf, the owner/lessor of the Premises, and/or anyone using the Premises (collectively referred to herein as “Company”) from any and all liability present, past and in the future, losses, claims, demands, actions or rights of action, costs or expenses (including, without limitation, reasonable attorneys’ fees and costs), or damages of any kind related to, relating to, arising out of, or incidental to Client or Child’s Client with Company; the Client Services; Client or Child’s use of the Premises or the business conducted by Client therein; any other programs offered or sponsored by Company; any act or omission by Client or Child; or any default by Client under this Agreement. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care. CLIENT UNDERSTANDS AND AGREES THAT THIS RELEASE AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY LAW. THIS RELEASE AND WAIVER INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF EQUIPMENT THAT MAY MALFUNCTION OR BREAK; ANY SLIP OR FALL WITHIN PREMISES; AND ANY OTHER AILMENTS, INJURIES, OR DEATH. Client agrees that if Client or Child, or anyone on Client or Child’s behalf, assert a claim contrary to what Client has agreed to herein, the claiming party shall be liable for the expenses (including legal fees) incurred by Company in defending such claim. CLIENT UNDERSTANDS THAT HE OR SHE HAS FORFEITED HIS OR HER AND CHILD’S RIGHTS TO SUE COMPANY, AND THAT THIS IS A RELEASE OF LIABILITY THAT IS VALID FOREVER.

Indemnification. Client further voluntarily and irrevocably agrees to indemnify, defend, and hold harmless, at his or her sole expense, Company of and from any and all liability present, past and in the future, losses, claims, demands, actions or rights of action, costs or expenses (including, without limitation, reasonable attorneys’ fees and costs), or damages related to, relating to, arising out of, or incidental to Client or Child’s Client with Company; the Client Services; Client or Child’s use of the Premises or the business conducted by Client therein; any other programs offered or sponsored by Company; any act or omission by Client or Child; or any default by Client under this Agreement, including but not limited to damages in respect of death, injury, loss or damage to Client or Child, such as personal, bodily, or mental/emotional injury, economic loss or any damage to Client or Child, or by Client or Child, howsoever caused. Client acknowledges that Company shall not be responsible for damages, direct or consequential, resulting from any delay, unavailability, failure or interruption of any of the Client Services described under this Agreement or agreed to by Company.

Acknowledgement and Assumption of Risks. Client acknowledges and agrees that the use of Company’s Co-work and Childcare Services pose inherent risks that may result in injury, even serious or disabling, or death to Client and Child, and that this risk is always present and cannot be entirely eliminated. Client assumes full responsibility for his or her conduct and the conduct of Child. CLIENT HEREBY VOLUNTARILY AND EXPRESSLY ASSUME THE RISKS INHERENT IN CLIENT AND CHILD’S PARTICIPATION IN THE CO-WORK AND CHILDCARE SERVICES AND ON THE COMPANY PREMISES, INCLUDING THE RISK OF INJURY, ACCIDENT, DEATH, LOSS, COST OR DAMAGE TO CLIENT OR CHILD’S PERSON OR

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PROPERTY. THIS RELEASE EXPRESSLY INCLUDES THE ASSUMPTION OF RISK AND RELEASE OF ANY CLAIMS FOR INJURIES OR DAMAGES ALLEGED TO RESULT FROM OR ARISE OUT OF ANY NEGLIGENCE BY COMPANY, INCLUDING, WITHOUT LIMITATION, ALL PREMISES OR PRODUCTS LIABILITY CLAIMS. CLIENT RECOGNIZES THAT BY SIGNING THIS AGREEMENT, CLIENT IS WAIVING CERTAIN LEGAL RIGHTS, INCLUDING ANY RIGHT CLIENT OR CLIENT'S SPOUSE, HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST COMPANY. CLIENT INTENDS FOR CLIENT'S SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY OF COMPANY TO THE GREATEST EXTENT PERMITTED BY LAW.

Sign: _____ Date: _____

3.) AUTHORIZE PAYMENT

Sign and complete this form to authorize **Play, Work or Dash, LLC** to make a debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize **Play, Work or Dash, LLC** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

Professional Sponsorship.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
Authorization Code _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.