



Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Email Address: _____

Home Address: _____

City/State: _____ Zip Code: _____

Best Phone # to reach you: _____ Alternate Phone #: _____

Do you authorize "Jillian's Playhouse" staff to call 911 if an emergency occurs? *check one*

☐ No ☐ Yes

Does your child have any allergies or special needs that we need to be aware of? *check one*

☐ No ☐ Yes, If Yes please list below

Do you authorize any other adults to pick up your participants? *check one*

☐ No ☐ Yes, If Yes please list names below

Payment Information

We prefer that all participants are pre-registered prior to the date of the event. This is to help us plan accordingly and to save you money!

☐ Great! I have pre-paid online

☐ I will be paying in cash upon arrival

☐ Please use my credit card information below. I would like to be charged upon arrival

We gladly accept Visa, Mastercard, or Discover. No personal checks

Credit Card #: _____

Expiration Date: _____ Billing Zip Code: _____ CVC Code: _____

Authorization Signature: _____ Date: _____



To ensure a safe, enjoyable environment for everyone, the information below outlines our guidelines. These are subject to change with or without notice.

<p>The program is from 6:30 pm - 10pm. It is offered every last Friday of each month, or as outlined by the online calendar found on our website.</p> <ul style="list-style-type: none"> • Snack (usually Goldfish, Pretzels, Vegetables, Fruit, ect.) with a drink. If you want to bring your child's snack you may do so. Our facility is capable of refrigeration, preparation or heating. Please label anything brought with your child's full name and preparation directions. • Dinner approximately starts around 8:30pm and is a combination of cheese or pepperoni pizza, sandwiches and another food vendor such as Chick-Fil-A (please verify with facility). If you do not want your child to participate in the dinner that is included, please provide a sack lunch or snacks. Please label anything brought with your child's full name and preparation directions. • All children must be fully potty trained. Ages 5-12 years. • Each child must bring or wear a pair of socks. You are more than welcome to bring in a pillow or sleeping bag to this event. Please note that we are not responsible for any lost or stolen items. 	<ul style="list-style-type: none"> • If given a 48-hour notice, we can switch your prepaid registration to a future date. <p>Sorry, no refunds are given. There are no refunds for children that are removed from the program due to any behavior that is harmful to other children, persons or themselves.</p> <ul style="list-style-type: none"> • Please do not bring your child if they are sick. We will not allow children that are sick to be dropped off; any child that becomes ill during the program will be to be picked up as well. • All children will need to be signed in and out by an approved parent/guardian each day. <p>The sign in/out sheet will be in the lobby or pick-up arena. A photo ID will be required at pick-up.</p> <ul style="list-style-type: none"> • Please make sure that your child is in comfortable clothing. No jeans. All participants must also have socks. • Late Pick Up: \$15 for the first 15 minutes. \$2 per minute for each additional minute after 15.
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Additional Comments or notes:

Parent/Guardian Signature: _____ Date: _____