

Drop Off Time _____ Pick Up Time _____ Fee _____ Initials _____

For Staff Use Only



Drop-off Emergency Form

Please Print:

Child's Name _____ Age _____

Parent(s)/Guardian(s) _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Emergency Contact's Name _____

Relationship to Child _____

Emergency Contact's Phone Number _____

Locations and phone numbers of where parent(s) will be:

I certify that the above information is correct, and that I have received a copy of the **drop-off play policy**. I agree with the conditions of the drop-off policy and agree to pay all charges associated with this service. I authorize the employees and staff of the Climb-a-Lot Clubhouse to seek medical treatment for my child in the event of an emergency.

signature _____

date _____