



Information and Release Form

Child's Name _____ D.O.B. _____ Gender _____

Child's Name _____ D.O.B. _____ Gender _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Address _____

Caregiver's Name _____ Phone _____

Email Communication

Please understand that email will be the primary form of communication from MMAC. Please make sure to provide a working email address that you check often in order to keep abreast of the happenings at MMAC (ie. Holiday schedules, Showcase information. Facility changes and etc.) If you fail to provide us with your email address we are not responsible for any information that you missed and any inconvenience that it may cause.

Email Address(s)

Emergency Information

In case of emergency, if we cannot reach you at the above numbers, please provide an emergency contact.

Name & Relationship _____

Phone _____

Physician to be called in the case of an emergency:

Name _____ Phone _____

Dentist to be called in the case of an emergency:

Name _____ Phone _____

Insurance Company _____ Policy # _____

Disclose Special Needs and Important Information

Please disclose any special needs, whether or not diagnosed, and other important information concerning the child(ren) named above that will enable MMAC to be better equipped to attend to said child(ren). Special needs include attention or communication difficulties, behavioral and/or physical issues, etc. Important information includes, but is not limited to, allergies, health problems, etc. MMAC cannot take responsibility for administering any medication.

Child's Name	
Child's Name	

Sign out information

You must notify MMAC in advance if someone other than you will be picking up the child(ren) named above. Their name must be listed below in order to pick-up your child(ren). They will be required to show a photo ID before we will release your child(ren) to them. You must arrive 5 minutes before the end of the drop-off program.

Name _____ Phone _____
Name _____ Phone _____

Please indicate your threshold to be called (e.g. when my child cries, when my child has a minor bump/scratch, when my child's diaper needs to be changed, etc.)

Release of Liability:

I certify that I am the parent or authorized legal guardian of the child(ren) named above and in such capacity have the right to agree to the following. The child(ren) are in good health and capable of participating in the program which allows my child(ren) to participate without my supervision or attendance (the "drop-off" program). In consideration of permitting the child(ren) to participate in the drop-off program, I voluntarily agree on behalf of myself, the child(ren) and our respective heirs to release, discharge, waive, and relinquish any and all claims or causes of action against the Manhattan Movement and Arts Center and its respective directors, officers, agents, and employees(collectively, the establishment), for personal injury, property damage, and/or wrongful death that arises. either directly or indirectly from the MMAC establishment's

negligent acts of omissions. I acknowledge that I have read the above, am fully aware of its legal consequences and that it is my intention to assume the full risk and responsibility for any and all injuries, damages, or losses as a result of or related to our participation in the drop-off program.

Signature: _____

Printed Name: _____

Date: _____

Medical Waiver/Release:

If time and circumstances permit, the Manhattan Movement and Arts Center (MMAC) will make every effort to communicate with me in the case of injury of the child(ren) named above. I understand that in some situations medical attention may be required before MMAC is able to reach me. I authorize MMAC to consent to any medical care to be rendered to the child(ren) named above upon the advice of a licensed physician or emergency medical personnel. I voluntarily release, discharge, waive, and relinquish any and all causes of action and/or claims against the MMAC establishment for personal injury, property damage, and/or wrongful death resulting from such care.

Signature: _____

Printed Name: _____

Date: _____

Dismissal from the Manhattan Movement and Arts Center (MMAC)

I acknowledge and agree that MMAC may have to dismiss the child(ren) named above due to behavioral or other problems that preclude such child(ren) from safely participating in the drop-off program and/or with others in the program. I acknowledge and agree that I will not be entitled to a refund if such a circumstance arises.

Signature: _____

Printed Name: _____

Relationship to child(ren): _____ Cell Phone: _____

