

Registration Form

Child's name:	Birthdate:
Home Address:	Phone:
Parent's Name:	Parent's Name:
Work/Cell phone:	Work/Cell phone:
Email:	
Local Emergency Contact:	Phone:
fered by Poekie Nook. I hereby agree to indemnify and hold harmless Poekie Nook any injury which may be suffered by me or by my child(ren) a activities. In the event my child needs immediate medical att expect to cover my child's health-care costs and related exp	
I give permission for my child to sign out and leave the prem I give permission to use my child's photograph in Poekie Nor	-
Signature of parent or legal guardian:	Date:
Name parent or legal guardian:	School.:
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<i></i>	EMBERSHIP OPTIONS
	to 5 hours + \$20/hr for additional time o 15 hours + \$20/hr for additional time
automatically after the initial 3 months, u	quired at sign-up. Monthly membership continues Itil cancellation is requested. Please email us before Ih to avoid being billed for that month.
I have read the above cancel	ation policy. Initial here:
	and conduct from all children and adults when visiting our home. respect while you are here and help us keep it clean and beautiful.