



KiddieCorp National Headquarters
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Hello PAS Parents!

Thank you very much for your interest in the Pediatric Academic Societies children's program. Our goal is to provide your children with a program they want to attend, while providing you with that critical "peace of mind" feeling so you can attend your event activities.

KiddieCorp is pleased to provide a children's program during the 2019 PAS Meeting. KiddieCorp is in its thirty-third year of providing high quality children's programs and youth services to conventions, trade shows and special events. We take caring for your children very seriously.

ACTIVITIES

Activities include exciting themes, arts & crafts, group games, music & movement, board games, story time, dramatic play, etc. We provide activities appropriate for each age group, using safe, sturdy equipment that you can feel comfortable with. Children can make their own choices within KiddieCorp's program.

COMMITMENT

Our goal is to provide your children with a comfortable, safe and happy experience. Our staff to child ratios are high to ensure that every child feels special (1:2 for children ages 6 months through 11 months old; 1:3 for children ages 1 through 2 years old; 1:5 for children ages 3 through 5 years old; 1:7 for children ages 6 through 12 years old). KiddieCorp team members are selected according to their integrity, experience, education and enthusiasm. They must be wonderful with kids! In addition to our competitive and selective hiring process, KiddieCorp remains at the top of the industry by carrying ample liability insurance.

WHERE, WHEN, FOR WHOM

The program is for children ages 6 months through 12 years old. The dates for the program are April 27 - 30, 2019 and will be located at the Hilton Baltimore in Baltimore, Maryland. Snacks and water will be provided and meals must be supplied by parents or purchased when checking in your child each day.

REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is March 27, 2019.** Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive both the registration/consent form and payment in full to hold reservations. Although every effort will be made to accommodate on-site registrations, there is no guarantee and it is not recommended.

NEED MORE INFORMATION?

KiddieCorp is always available to answer any questions. Feel free to contact KiddieCorp by phone at (858) 455-1718 or by e-mail at info@kiddiecorp.com. **You can also register on-line at <https://www.jotform.com/KiddieCorp/paskids>.**



CHILDREN'S PROGRAM REGISTRATION FORM

- Pediatric Academic Societies • April 27 – 30, 2019 -

Parent Info: Last Name _____ First Name _____

E-mail address: _____ Phone: (____) _____

The pre-registration deadline is March 27, 2019.

	Name(s)	Age(s)	Hours Needed
Saturday, April 27	1 _____	_____	_____
7:30am - 6:00pm	2 _____	_____	_____
6:00pm - 10:00pm	3 _____	_____	_____
Sunday, April 28	1 _____	_____	_____
7:00am - 6:00pm	2 _____	_____	_____
6:00pm - 10:00pm	3 _____	_____	_____
Monday, April 29	1 _____	_____	_____
7:00am - 6:00pm	2 _____	_____	_____
6:00pm - 9:00pm	3 _____	_____	_____
Tuesday, April 30	1 _____	_____	_____
7:00am - 3:00pm	2 _____	_____	_____
	3 _____	_____	_____

Check here if your child(ren) has any special needs under the Americans with Disabilities Act. We will contact you.

Payment in full is required to confirm your reservations. Although every effort will be made to accommodate late or on-site registrations, there is no guarantee that KiddieCorp can accept children unless they are pre-registered.

TOTAL FEE: \$25.00 per day, per child x _____ # of Children x _____ # of Days = \$ _____

Credit Card*: _____ **Exp.** ____/____ **3 Digit Code:** _____

Check: Payable to KIDDIECORP

Send completed forms & payment to:
-US Dollars Only-

*Visa, MasterCard or American Express

KiddieCorp/PAS
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Fax: 1-858-455-5841 (credit card payment only)

- KiddieCorp staff does not administer medication. To ensure a safe and fun-filled environment, any child who is ill will not be admitted to the children's program.
- Please label your child's belongings. We will maintain a lost and found, however, KiddieCorp does not accept responsibility for the loss or theft of any toy, book, or other personal items.
- For parents with infants, please bring diaper changing supplies, formula/baby food, and a change of clothes.
- Cancellation Policy: Cancellations must be made to KiddieCorp prior to March 27, 2019 for a full refund. Cancellations made after that date will be subject to a 50% cancellation fee. Once the program has begun, no refunds will be issued.

Pediatric Academic Societies
CHILDREN'S PROGRAM CONSENT FORM

- Child(ren)'s first and last names:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

- Please list **only** those allowed to check-out the above child(ren) from the KiddieCorp children's program (please list first and last names; photo ID may be required when checking out children):

Name _____ Relationship to child(ren) _____
Name _____ Relationship to child(ren) _____

- Are any of your children **allergic** to anything (foods, etc.) or are any of your children taking **medication**? If yes, explain: (Note: KiddieCorp staff does not administer or assist in the administration of any medications.)

- Do any of your children have **health limitations** or **special needs**? Any **birthmarks** or **injuries** we should be aware of?

We, the undersigned adults, agree to place our child or ward in the KiddieCorp children's program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless KiddieCorp, Pediatric Academic Societies and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the program will be held (collectively "the Releasees"), from any and all claims which may now or thereafter arise from our child's/ward's (or children's/ward's) participation in the KiddieCorp program. We do not release claims arising from Releasees from any of their willful misconduct or gross negligence.

Photographs taken throughout the children's program may be used for promotion and/or publication by Pediatric Academic Societies and KiddieCorp, Inc.

We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, KiddieCorp has our permission to administer first aid, contact our pediatrician, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) (____) _____ (work) (____) _____

Cell/Pager #: (____) _____ E-mail: _____

Pediatrician's Name: _____ City: _____

Emergency Contact (someone not at the meeting with you): _____

Emergency Contact Phone: (____) _____

We suggest you make a copy of your completed form as a reference. Confirmations will not be sent. KiddieCorp reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of others.