

## Canny Kids Admission Agreement and Health Assessment

Name of Child	i	Nickname	Birth Date (mm/dd/yyyy)	Sex (M/F)	I certify that my child's immunizations are current		
					Yes □ No □		
					Yes □ No □		
					Yes □ No □		
					Yes □ No □		
Home Street Address				Phor	ne #		
	State Zip						
Parent's/Guardian's Nar	ne						
Phone #	Phone # Email						
Alt Phone #							
Parent's/Guardian's Nar	ne						
Phone #	Email						
Alt Phone #							
Emergency Contacts (O	ther than Pa	rents) and Pe	rsons Authoriz	ed to Pic	k -Up the Child		
Name	Relationship	to Child	Address		Phone Number		
☐ Check if there are no emergency con	ntacts available, othe	r than parents. $\square$ Che	eck if there are no person	s authorized t	o pick up the child, other than parents.		
List any additional health in (Indicate name of child):		pecial instructio	•	d to be aw	vare of		



## Canny Kids Admission Agreement and Health Assessment (pg 2)

Photo/ Social Media Waiver (optional)	
I give permission for my child(ren) to be photographed while in the care of Canny Kids  ☐ For communication with only me and my family's approved guardians  ☐ For communication with other parents in our facility  ☐ For social media and promotional purposes	•••
Live Video Feed	
While at Canny Kids, children will be monitored with a live feed video system, accessible on our webs with a daily, unique password. Parent's signed approval is <b>required</b> for a child to receive care in our	-
I give permission for my child to be monitored on the Live Feed Cameras operated by Canny Kids, LLC $\Box$ Init	ials
Signature of Parent/Guardian Date	
Reviewed and/or updated:/	
Reviewed and/or updated:/	
Deviewed and/or undated: / /	