

CHILDCARE RESERVATION FORM

VECCS is pleased to announce KiddieCorp will be providing a children's program for the 11th International Veterinary Emergency & Critical Care Symposium. KiddieCorp is in its nineteenth year of providing high quality children's programs and youth services to conventions, trade shows and special events. KiddieCorp has enjoyed a long-time partnership with the American Academy of Pediatrics, which has helped to establish KiddieCorp as a premier provider of event children's program services. Children ages six months to 12 years are eligible.

THE PRE-REGISTRATION DEADLINE IS AUGUST 10, 2005.

Parent Info: Last Name _____ First Name _____ Phone (W) _____

		Name(s)	Age(s)			
Wednesday, September 7 7:00 a.m. – 6:00 p.m.	1	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	2	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	3	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
Thursday, September 8 7:00 a.m. – 6:00 p.m.	1	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	2	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	3	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
Friday, September 9 7:00 a.m. – 6:00 p.m.	1	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	2	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	3	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
Saturday, September 10 7:00 a.m. – 6:00 p.m.	1	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	2	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	3	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
Sunday, September 11 7:00 a.m. – 12:00 p.m.	1	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	2	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day
	3	_____	_____	<input type="checkbox"/> Half Day-AM	<input type="checkbox"/> Half Day-PM	<input type="checkbox"/> Full Day

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.

HALF DAY: \$25.00 per child x _____ # of Children x _____ # of Half Days = \$

FULL DAY: \$45.00 per child x _____ # of Children x _____ # of Full Days = \$

Half Day is either 7:30am to 1:00pm or 1:00pm to 6:30pm

Full Day is 7:30am to 6:30pm

Check (Payable in US funds to KIDDIECORP) **or:** **Credit Card:** Visa MC AMEX Exp. Date ____ / ____

Card Number: _____ **Signature** _____

Send completed forms & payment to: KiddieCorp/VECCS
10455 Sorrento Valley Road, Suite 103
San Diego, CA 92121
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. KiddieCorp 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 August 10, 2005 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.

CHILDCARE RESERVATION FORM (CONT)

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, Veterinary Emergency & Critical Care Society, 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 hereafter 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.

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 _____ Country _____
Home Phone(_____) _____ Work Phone(_____) _____
Cell/Pager (_____) _____ Email Address _____

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.

MEALS: Snacks and beverages will be provided and meals can be supplied by parents or purchased when checking in your child each day.

REGISTRATION: Space is limited, so registrations are only guaranteed if received by the pre-registration deadline (August 10, 2005). KiddieCorp must receive both the registration/consent form and payment in full to hold 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.

NEED MORE INFORMATION? KiddieCorp is always available by phone, fax, and e-mail to answer any of your questions. Feel free to contact KiddieCorp by phone at 858-455-1718, by fax at 858-455-5841 or by e-mail at veccskids@kiddiecorp.com.

YOU CAN ALSO REGISTER ON-LINE AT [HTTPTS://WWW.KIDDIECORP.COM/VECCSKIDS.HTM](https://www.kiddiecorp.com/veccskids.htm).