



KiddieCorp National Headquarters
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San Diego, CA 92123
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Don't Forget the Kids!

KiddieCorp is pleased to provide child care and youth programs for children ages 6 months to 12 years during Neuroscience 2023. KiddieCorp is in its thirty-seventh year of providing high quality child care and youth programs to conventions, trade shows and special events. Our goal is to provide your children with a program they want to attend, while providing you with that critical "peace of mind" so you can attend sessions. We take caring for your children very seriously. 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.

ACTIVITIES

KiddieCorp programs provide activities appropriate for each age group, using safe, sturdy equipment with which you can feel comfortable. Routines like washing hands, sitting together for snacks, and visiting the restroom are staff-initiated and supervised.

At KiddieCorp, children always have the freedom to select the activities in which they take part. They can choose to be active or opt for quieter play – either way, our team members follow their lead. Activities include exciting themes, new arts & crafts projects each day, group games, music & movement, board games, story time, dramatic play, etc.

For a list of activities specific to the Society for Neuroscience children's program, visit:

<https://form.jotform.com/KiddieCorp/neurokidsactivities>.

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 for 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 selective and competitive 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 November 11-15, 2023 and will be conveniently located at the Walter E. Washington Convention Center (where all the scientific sessions will be held) in Washington, DC. Snacks and beverages will be provided and meals will need to be supplied by parents when checking in your child each day.

REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is October 13, 2023.** 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://form.jotform.com/KiddieCorp/neurokids>.**

CHILD CARE & YOUTH PROGRAM REGISTRATION FORM

- Society for Neuroscience • November 11 – 15, 2023 –

Parent Info: Last Name _____ First Name _____

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

The pre-registration deadline is October 13, 2023.

Children must be registered for a half-day or full day session to utilize subsequent hours for that same day.

Subsequent additional hours must be immediately before or after a desired session.

The subsequent additional hours must also only be for the hours the program is listed as being open.

	Name(s)	Age(s)	Session(s) Please mark selection	Additional Subsequent Hours
Saturday, November 11	1 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>AM 10:30am--2:00pm</i>	2 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>PM 2:00pm--7:00pm</i>	3 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
Sunday, November 12	1 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>AM 7:30am--1:00pm</i>	2 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>PM 1:00pm--7:00pm</i>	3 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
Monday, November 13	1 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>AM 7:30am--1:00pm</i>	2 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>PM 1:00pm--7:00pm</i>	3 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
Tuesday, November 14	1 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>AM 7:30am--1:00pm</i>	2 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>PM 1:00pm--7:00pm</i>	3 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
Wednesday, November 15	1 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>AM 7:30am--12:30pm</i>	2 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day	_____
<i>PM 12:30pm--5:30pm</i>	3 _____	_____	<input type="checkbox"/> AM <input type="checkbox"/> 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.

TOTAL FEE:

AM HALF DAY: \$ 70.00 per child x _____ # of Children x _____ # of Sessions = \$ _____
PM HALF DAY: \$ 70.00 per child x _____ # of Children x _____ # of Sessions = \$ _____
FULL DAY: \$115.00 per child x _____ # of Children x _____ # of Full Days = \$ _____
Additional Hours: \$ 10.00 per child x _____ # of Children x _____ # of Hours = \$ _____

TOTAL: = \$ _____

Credit Card*: _____ **Exp.** ____/____ **Zip Code:** _____

Check: Payable to KIDDIECORP

Please register on-line at <https://www.jotform.com/KiddieCorp/neurokids>

or

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

*Visa, MasterCard or American Express

KiddieCorp/Neuroscience
8961 Complex Drive
San Diego, CA 92123
Fax: 1-858-455-5841 (credit card payment only)

By registering your child/children for the KiddieCorp program, you agree to the following terms and conditions:

- Advance Registration Deadline is October 13, 2023. Advance registration is strongly recommended. Onsite registrations cannot be guaranteed.
- Full payment is required to confirm registrations.
- Cancellation Policy: Cancellations must be made to KiddieCorp prior to October 13, 2023, 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.
- Parents will be charged \$5.00 for every five minutes they are late to pick up their child once the program has ended each day.
- Program is only for children 6 months to 12 years old.
- Photo ID will be required for check in/check out of children.
- Parents are welcome to visit their children at any time. Unauthorized adults will not be permitted in the area.
- KiddieCorp reserves the right to limit participation of children whose presence or behavior may disrupt KiddieCorp's program or endanger the health or safety of others.
- Parents will be required to sign a consent form which releases KiddieCorp, the Society for Neuroscience, and Walter E Convention Center of any liability.
- 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.
- KiddieCorp managers are CPR/First Aid certified.
- 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.

Society for Neuroscience
CHILD CARE & YOUTH 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 will 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, Society for Neuroscience, Walter E. Washington Convention Center 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.

Photographs taken throughout the children's program may be used for promotion and/or publication by the Society for Neuroscience 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 this location): _____

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.

COMMUNICABLE DISEASE ASSUMPTION OF RISK AND RELEASE OF LIABILITY

This section is an acknowledgement and express assumption of risk and release of liability in any way related to me/my Child being exposed to or contracting COVID-19 (as defined by the World Health Organization) and any strains, variants, or mutations thereof, the coronavirus that causes COVID-19 and/or any other communicable and/or infectious diseases, viruses, bacteria or illnesses or the causes thereof (collectively, "**Communicable Disease**"), during or in connection with my/my Child's presence in and around the children's program. By being present in and around the children's program, I acknowledge and expressly assume the risk that I/my Child may be exposed to Communicable Disease. I expressly understand that the risks of exposure to Communicable Disease include contracting Communicable Disease and the associated dangers, medical complications (including death) and physical and mental injuries, both foreseen and unforeseen, that may result from contracting Communicable Disease. I further acknowledge and understand that my/my Child's interaction with KiddieCorp or Provider personnel, the children's program participants and any other individuals present in and around the children's program poses an elevated, inherent risk of being exposed to and contracting Communicable Disease, that it cannot be guaranteed that I/my Child will not be exposed to Communicable Disease, and that potential exposure to or contraction of Communicable Disease while being present in and around the children's program are risks that cannot be eliminated. If infected with Communicable Disease, I acknowledge and understand that I/my Child may subsequently infect others, even if I/my Child don't experience or display any symptoms.

In connection with the foregoing, I agree that I/my Child will not present in or around the children's program if, within the preceding fourteen (14) days, I/my Child (i) tested positive or presumptively positive for Communicable Disease or was identified as a potential carrier of Communicable Disease, (ii) experienced any symptoms commonly associated with Communicable Disease, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath; (iii) traveled to a country that is subject to a U.S. State Department Level 4 "Do Not Travel" Advisory or a CDC Level 3 Travel Health Notice (each, a "**Prohibited Country**"); (iv) was in direct contact with or the immediate vicinity of any person who is either confirmed or suspected of being infected with Communicable Disease or who has travelled to a Prohibited Country within fourteen (14) days preceding my/my Child's encounter with such person; and/or (v) have been advised, directly or indirectly, or pursuant to any local government recommendation or order, to quarantine or to otherwise avoid contact with individual outside my/my Child's household. I further agree that I/my Child will submit to any health screening and/or Communicable Disease testing that may be required as a condition of my/my Child's presence in or around the children's program.

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY WAIVE, RELEASE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE THE RELEASED PARTIES FOR, AND THE RELEASED PARTIES SHALL NOT BE RESPONSIBLE FOR, ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO, EXPOSURE TO OR CONTRACTION OF COMMUNICABLE DISEASE BY ME/MY CHILD OR ANY OTHER INDIVIDUAL INFECTED BY ME/MY CHILD, INCLUDING, WITHOUT LIMITATION CLAIMS RESULTING FROM THE NEGLIGENCE OF THE RELEASED PARTIES AND/OR THE INHERENT RISKS ASSOCIATED WITH BEING PRESENT IN OR AROUND THE CHILDREN'S PROGRAM DURING A COMMUNICABLE DISEASE PANDEMIC.

Parent/Guardian Name: _____

Signature: _____

Date: _____