



KiddieCorp National Headquarters
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San Diego, CA 92123
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www.kiddiecorp.com

Society for Neuroscience Children's Program

We are delighted to announce that KiddieCorp will be hosting the children's program during Neuroscience 2024. With thirty-eight years of experience, KiddieCorp has been a trusted provider of high-quality children's programs and youth services for conventions, trade shows, and special events.

KiddieCorp has solidified its position as a leading provider of children's program services through its endorsement and longstanding partnership with the American Academy of Pediatrics. Our top priority is the care of your children, ensuring they not only enjoy themselves but also receive exceptional care.

CHILDREN'S PROGRAM DETAILS

Date and Hours:

October 5th: 10:30 a.m. to 7:00 p.m.
October 6th: 7:30 a.m. to 7:00 p.m.
October 7th: 7:30 a.m. to 7:00 p.m.
October 8th: 7:30 a.m. to 7:00 p.m.
October 9th: 7:30 a.m. to 5:30 p.m.

Location:

McCormick Place in Chicago, Illinois

Ages:

6 months through 12 years old

Ratios:

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

Cost:

\$115.00 per full day, per child

OR

\$70.00 per half day session, per child with the option to add hours for \$10.00 per hour, per child. Additional hours must be used immediately before or after the desired session, within the program's listed operation hours.

We encourage early registration as availability is limited and operates on a first-come, first-served basis. To secure advance reservations, both the registration form and full payment must be received by KiddieCorp. On-site registration will be limited to available space.

MEALS/SNACKS

Snacks and water will be provided. Parents are responsible for meals. You have the option to sign your child out to take them to lunch or drop off a meal at the program. KiddieCorp's program is nut-free. We kindly request that you refrain from bringing any snacks or meals containing nuts or nut products.

ACTIVITIES

Activities include exciting themes, arts & crafts, group games, music & movement, board games, story time, dramatic play, and STEM activities. We tailor activities to suit each age group appropriately.

TEAM MEMBERS

Our goal is to provide your children with a comfortable, safe, and happy experience. KiddieCorp team members are selected according to their integrity, experience, education, and enthusiasm. Every program has a CPR/First aid certified manager that is on site at all times.

REGISTRATION TERMS AND CONDITIONS

Additional information for parents:

- KiddieCorp staff do not administer medication, including sunscreen.
- For the safety and enjoyment of all, children who are ill will not be admitted to the program.
- Please label your child's belongings. While we maintain lost and found, KiddieCorp does not assume responsibility for lost or stolen items.
- Parents with infants kindly bring diaper changing supplies, formula/baby food, and a change of clothes for your child's comfort.

CANCELLATION POLICY

Cancellations must be made to KiddieCorp prior to **September 6, 2024**, 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.

NEED MORE INFORMATION?

KiddieCorp is available to answer any questions. Feel free to contact KiddieCorp by phone at (858) 455-1718 or by e-mail at info@kiddiecorp.com.

SfN REGISTRATION FORM

Parent Information:

Last Name: _____ **First Name:** _____

Email Address: _____ **Phone Number:** _____

Dates & Times

	Name(s)	Age(s)	Please mark selection	Additional Hours*
Saturday, October 5	1 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
AM 10:30 a.m.- 2:45 p.m.	2 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
PM 2:45 p.m.-7:00 p.m.	3 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
Sunday, October 6	1 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
AM 7:30 a.m.- 1:15 p.m.	2 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
PM 1:15 p.m.-7:00 p.m.	3 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
Monday, October 7	1 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
AM 7:30 a.m.- 1:15 p.m.	2 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
PM 1:15 p.m.-7:00 p.m.	3 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
Tuesday, October 8	1 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
AM 7:30 a.m.- 1:15 p.m.	2 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
PM 1:15 p.m.-7:00 p.m.	3 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
Wednesday, October 9	1 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
AM 7:30 a.m.- 12:30 p.m.	2 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____
PM 12:30 p.m.-5:30 p.m.	3 _____	_____	AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/>	_____

*Children must be registered for a half-day sessions to register for additional hours. Additional hours must be used immediately before or after the desired session, within the program's listed operation hours.

Check here if your child(ren) has any special needs under the Americans with Disabilities Act. Please be as detailed as possible. If registering multiple children, please specify which child.

Payment Information – USD Only

Half Day Rate: \$70.00 per day, per child

of AM Half Days _____ x # of Children _____ = \$ _____

of PM Half Days _____ x # of Children _____ = \$ _____

Additional Hours: \$10.00 per hour, per child

of Additional Hours _____ x # of Children _____ = \$ _____

Full Day Rate: \$115.00 per day, per child

of Full Days _____ x # of Children _____ = \$ _____

TOTAL FEE = \$ _____

Credit Card Information

Name: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Billing Address

Street Address: _____

Street Address Line 2 _____

City: _____ State: _____ Zip code: _____

Check:

Payable to KiddieCorp Inc.

Mail Form:

KiddieCorp Inc.
8961 Complex Drive
San Diego, CA 92123

KiddieCorp 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:

Name:

Relationship:

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, 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 for any of their willful misconduct or gross negligence.

Photographs taken throughout the children's program may be used for promotion and/or publication by 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.

Signature:

Date:

Parent/Guardian Name:

Cell #:

Address:

City:

State:

Zip:

Pediatrician's Name:

City:

Emergency Contact (someone not with you):

Number:

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 and safety of others.