

Learning Ladder Preschool Academy  
RAZORWATCH ~Registration Form

How did you hear about RazorWatch? \_\_\_\_\_

**Child's Information**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Does your child have any allergies? Yes or No

If yes, please list all allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pizza & milk for dinner and crackers & juice for snack will be served during RazorWatch. Is your child allowed to have this? Yes or No.

If no, the child must bring a meal and snack with them.

**1. Parent/Guardian Information:**

Parent/Guardian's FULL Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers 1. \_\_\_\_\_ 2. \_\_\_\_\_

**2. Emergency Contacts While Parents/Guardians Are at Game:**

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**A copy of your child's current immunization records is required for your child to attend RazorWatch. Your child is not considered "Pre-Registered" unless payment is received by the Friday before Game Day**

# RazorWatch Release Form

I \_\_\_\_\_ as legal guardian of \_\_\_\_\_ do hereby release, remise any claims, and discharge and hold harmless Learning Ladder Preschool Academy and any of its employees or representatives, from liability arising out of the child care services associated with RazorWatch located at 88 west Joyce Blvd, Fay AR. This liability shall include, but is not limited to injuries occurring while my child is at the above mention address during Razorback game days.

This release shall be governed by and construed in accordance with the laws of Arkansas. In the event any dispute arises from this release, the parties hereby agree to arbitrate their claims within Washington County and in accordance with AAA guidelines as the sole forum to resolve the dispute.

In the event that any provision shall be deemed invalid, unlawful or against public policy, such finding shall not invalidate the rest of the release and the invalid portion of the release shall be severed from the valid portion of the release.

I have read and understand and specifically agree to all the language and provisions in this general liability release. Additionally I understand that by signing this release, I may be giving up rights afforded to me by law and willingly and voluntarily do so.

I certify by my signature that I am at least 18 years of age and have full mental capacity to enter into this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Learning Ladder Preschool Academy RAZORWATCH ~ Daily Sheet

RazorWatch will be held in the LLPA Clubhouse.

Parents: Please fill out the top portion.

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nap Routine: (Circle all that apply)

Pacifier

Lovey

Rocked

Back Patted

Last time he/she ate: \_\_\_\_\_ Amount: \_\_\_\_\_

Infant Feeding Schedule: \_\_\_\_\_ oz. every \_\_\_\_\_ hours (Circle all that apply)

Breast Milk

Formula

Warmed

Cold

### Bottles:

AM Feedings:

Time: \_\_\_\_\_

Time: \_\_\_\_\_

PM Feedings:

Time: \_\_\_\_\_

Time: \_\_\_\_\_

### My Diaper Change Times Were:

Time	Wet	BM	Dry
_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]
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_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]

### Today I Ate:

#### Main Meal:

I ate: All: \_\_\_\_\_

Some: \_\_\_\_\_

None: \_\_\_\_\_

#### Snack:

I ate: All: \_\_\_\_\_

Some: \_\_\_\_\_

None: \_\_\_\_\_

### At Naptime, I slept from:

\_\_\_\_:\_\_\_\_ until \_\_\_\_:\_\_\_\_ &

\_\_\_\_:\_\_\_\_ until \_\_\_\_:\_\_\_\_ &

\_\_\_\_:\_\_\_\_ until \_\_\_\_:\_\_\_\_ &