



Learning Loop Academy

*Please complete for each participating child

REGISTRATION/RELEASE FORM TERMS AND POLICIES			
Child's Full Name	Date of Birth	Age	Gender
Home Address Street #, Unit #, City, State, Zip			
SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS			
Physical Disability	Allergies		
Mental Disability	Current Medications		
PARENT/GUARDIAN INFORMATION			
Full Name	Mobile Number		
	Work Number		
Home Address Street #, Unit #, City, State, Zip		Email Address	
Full Name	Mobile Number		
	Work Number		
Home Address Street #, Unit #, City, State, Zip		Email Address	
CAREGIVER INFORMATION (IF NOT PARENT/GUARDIAN WHO WILL BE PRESENT)			
Full Name	Relationship to Child	Mobile Number	
Home Address Street #, Unit #, City, State, Zip		Email Address	
EMERGENCY INFORMATION			
Full Name & Relationship to Child	Home Address	Mobile Number	
		Work Number	
Full Name & Relationship to Child	Home Address	Mobile Number	
		Work Number	

LEARNING LOOP ACADEMY TERMS, AUTHORIZATIONS, UNDERSTANDINGS AND RELEASE

Please INITIAL in each space provided at the left below to demonstrate your understanding and/or authorization of the following information:

___ I understand that Learning Loop Academy is an interactive facility, meaning that my child(ren) must be supervised by a parent, guardian, or authorized caregiver ("Caregiver") at all times. If the designated Caregiver is found to have left the premises at any time, my child(ren) will no longer be permitted to attend Learning Loop Academy.

___ Occasionally, Learning Loop Academy and/or our Providers and/or Suppliers may photograph and/or video you and/or your child(ren) participating in a Class and/or Activity. If you do not wish for you and/or your child(ren) to appear in publicly shared photos and/or videos, instructional materials, other promotional and/or marketing materials, and the like, including Learning Loop Academy website and web pages please contact us at Learningloopchicago@gmail.com directly (within 24 hours) after completion of this registration to opt out. Any such photos/videos are property of Learning Loop Academy and our Providers and/or Suppliers as applicable.

___ I give permission for my child(ren) to be given cardiopulmonary resuscitation (CPR) and/or first aid treatment by a qualified staff member of Learning Loop Academy if available, and when deemed necessary. In the event that I or another emergency contact cannot be reached, I give permission for my child(ren) to be transported to an emergency center for treatment, if reasonably determined appropriate. I understand that no medical advice or expertise is being offered to me or my child(ren) by Learning Loop Academy. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. I fully release Learning Loop Academy and its employees from any liability in connection with those decisions. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible if my child is with a caretaker at the time of the event.

___ I understand that Learning Loop Academy will never provide and/or sell information about my child(ren) to others. My child(ren)'s personal information will remain private and will be properly protected by Learning Loop Academy in accordance with Illinois law.

___ I certify that I will not bring my child/child(ren) to Learning Loop Academy if he/she/they exhibit one or more symptoms of illness in the past 24 hours, including but not limited to:

- Temperature over 100 Degrees Fahrenheit
- Vomiting or has vomited
- Loose stool or diarrhea
- Persistent runny nose (not due to seasonal allergies) or cough, especially if discolored secretions
- Rash
- Pink eye/Conjunctivitis
- Head lice

___ I understand that the above list of symptoms and indications of illness is not an exhaustive list, and if my child(en) exhibit any other indication of illness, I will keep my child(ren) home in order to protect the health of other children and adults at Learning Loop Academy.

___ I certify that my child(ren) has received all age appropriate vaccinations as required by the State of Illinois, the American Academy of Pediatrics, and the Center for Disease Control OR I have provided my child's/children's vaccination form(s) as proof of their vaccinations.

___ I understand that because I have knowingly certified that my child(ren) has received all age appropriate vaccinations as stated above, if this is untrue I will be liable if any otherwise preventable illness occurs at Learning Loop Academy as a result of my child(ren)s own illness, and will indemnify Learning Loop Academy from any claims, losses or legal fees which result from any misrepresentations that result in harm to a third party.

___ I understand that Learning Loop Academy is not responsible for lost, forgotten or damaged items and all personal property brought onto or left on the premises is done so at owner's own risk.

Please **INITIAL:**

____ I understand that Caretakers are expected to show good judgment regarding food, items, decorations that may be brought to Learning Loop Academy. Please refrain from bringing food/items that may be overly messy and may stain (i.e. dark red juice drinks), cause a choking hazard (i.e. balloons - broken pieces) for your own or other children, pose an allergy threat (i.e. nuts) and/or which may have a strong odors.

____ I understand all diapers are to be changed and disposed of with care in designated diaper-changing areas.

____ I understand that I, my child(ren) and/or other designated Caretaker, am expected to use Learning Loop Academy's facility(ies), equipment, furniture, toys and other items in a proper manner at all times. I understand that, in the event of a violation of this policy, in addition to any legal fees incurred, I will be responsible for all expenses incurred due to damage, replacement costs or repairs.

____ The six class pass is intended to provide flexibility for families for In-House classes and to be used within 3 months. In the event I will need to drop completely, I agree to contact Learning Loop Academy immediately to make any appropriate adjustments to my account.

____ I understand that if any policy changes are made, Learning Loop Academy will provide such changes to all parents and/or caregivers in writing to provide notification.

I fully understand, and I hereby agree, to adhere to all Policies stated above. By signing below, I represent that I am the parent or legal guardian of each child(ren) designated on the registration form I provided. I understand that the participation of my child(ren) in any class as well as their presence at Learning Loop Academy always contains risk of injury to persons and property, and that by signing the release below I, on behalf of myself, my spouse, and/or other guardians associated with each child(ren) noted on the registration form provided, do waive and release all rights, causes of action and claims against Learning Loop Academy and its owners, directors, employees, agents and affiliates for any and all loss, expense, damage, or injuries suffered by my Child(ren) during the time my Child(ren) is at Learning Loop Academy for any class, general play, learning experience and during transition times, excluding gross negligence and intentional misconduct. I understand that this Release and associated signatures will be kept on file at Learning Loop Academy and will remain in effect for all visits my child(ren) may make to Learning Loop Academy now and in the future.

Parent/Guardian Printed Name

Signature

Date