

KiddieCorp National Headquarters 8961 Complex Drive San Diego, CA 92123 Tel: (858) 455-1718 Fax: (858) 455-5841 E-mail: info@kiddiecorp.com

Hello AAS Parents!

Thank you very much for your interest in the American Astronomical Society children's program. Our goal is to provide your children with a program <u>they</u> want to attend, while providing you with that critical "peace of mind" feeling so you can attend event activities.

KiddieCorp is pleased to provide a children's program during the 2017 Winter Meeting. KiddieCorp is in its thirty-first year of providing high quality children's programs and youth services to conventions, trade shows and special events. 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

Activities include exciting themes, arts & crafts, group games, music & movement, board games, story time, dramatic play, etc. We provide activities appropriate for each age group, using safe, sturdy equipment that you can feel comfortable with. Children can make their own choices within KiddieCorp's program.

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 weeks through 11 months old; 1:3 for children ages 1 through 2 years old; 1:5 for children ages 3 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 competitive and selective 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 weeks through 12 years old. The dates for the program are January 3-7, 2017 and will be located at the Gaylord Texan Resort and Convention Center in Grapevine, Texas. Snacks and beverages will be provided and meals need to be supplied by parents each day.

REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is December 6, 2016**. Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive both the registration 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 <u>https://jotform.com/KiddieCorp/aaskids</u>



CHILDREN'S PROGRAM REGISTRATION FORM

- American Astronomical Society • January 3-7, 2017 -

Parent Info: Last Name	First Name
E-mail address:	Phone: ()

The pre-registration deadline is December 6, 2016

Children must be registered for a minimum of two consecutive hours per child per day for each day registered.

	Name(s)	Age(s)	(2 hour min.) Hours Needed	# of Hours
Tuesday, January 3	1			
6:00pm - 10:00pm	2			
	3			
Wednesday, January 4	1			
8:00am -6:00pm	2			
	3			
Thursday, January 5	1			
8:00am - 6:00pm	2			
	3			
Friday, January 6	1			
8:00am - 6:00pm	2			
	3			
Saturday, January 7	1			
8:00am - 1:00pm	2			
	3			

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: \$8.00 per hour per child x	# of Children x	# of Hours = \$
Credit Card*:	Exp/	VPN:
Check: Payable to KIDDIECORP		
Send completed forms & payment to -US Dollars Only-		rp/AAS nplex Drive
*Visa, MasterCard or American Express		o, CA 92123 8-455-5841 (credit card payment only)
VidioCom staff door not administer madiantian. To annurs a so	to and fun filled an ironment	ony shild who is ill will not be admitted to the shildren

- 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. 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.
- Cancellation Policy: Cancellations must be made to KiddieCorp prior to December 6, 2016 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.

American Astronomical Society CHILDREN'S PROGRAM CONSENT FORM

	-	Name	Age
ame	Age	Name	Age
		ove child(ren) from the KiddieCorp equired when checking out childre	
ame Relationship to child(ren)			
ame		Relationship to child(ren)	
		s, etc.) or are any of your children minister or assist in the administra	
Do any of your children ha	ive health limitations o	r special needs? Any birthmarks	s or injuries we should be aware
next of kin, we Astronomical and the owne "the Releasee children's/war Releasees fro Photographs	e hereby release and ag Society, and their respects rs and/or lessors of the f es"), from any and all clair d's) participation in the k om any of their willful mis- taken throughout the chi	ren/wards), and each of our respe- ree to indemnify and hold harmles ctive officers, directors, agents, er facility or facilities where the progra ims which may now or hereafter a KiddieCorp program. We do not re- conduct or gross negligence.	as KiddieCorp, American nployees, assigns, vendors, am will be held (collectively rise from our child's/ward's (or elease claims arising from
We have read or health cond or obtain eme	cern, KiddieCorp has our	and KiddleCorp, Inc. and this release. Furthermore, in r permission to administer first aid nt for our child. We agree to pay a	, contact our pediatrician,
Parent/Guardian Na	ıme:		
Signature:			Date:
Address:			
City:		State:	Zip:
Phone: (home) ()	(work) <u>(</u>)	
		E mail:	
Cell/Pager #: ()			
			City:

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.