



HELLO KICO

37 Crestwood Ave. Lindsay ON K9V 6A6

Call / Text: 6478708387

hellokicokids@gmail.com

ACKNOWLEDGMENT OF RISK, WAIVER AND RELEASE OF LIABILITY

Child's Name: _____

Gender: _____

Registration Date: _____

Age: _____

PLEASE READ CAREFULLY AND SIGN BELOW

This waiver and disclaimer (the "Agreement") is entered into by the undersigned parent(s) or guardian(s) (the "Parent(s)") and Hello KiCo (the "Owner/Operator"), effective as of the date signed below. The parties acknowledge and agree as follows:

1. Assumption of Risk

I, the undersigned _____ parent(s), acknowledge and agree that participation in Hello KiCo is voluntary. I understand and accept the inherent risks associated with childcare services, including but not limited to the risk of physical or psychological injury or accidents occurring during activities at the provider's premises or while my child is under the owner/operator's care.

2. Waiver of Liability

I, the undersigned _____ parent(s), hereby release and hold harmless Hello KiCo, its owner/operator from any and all claims, demands, actions, or causes of action, including personal injury or property damage, arising from or related to the childcare services provided, whether such injury or damage occurs on the premises or elsewhere, to the extent permitted by Ontario law.

3. Medical Treatment

In the event of an emergency, I authorize Hello KiCo to seek emergency medical treatment for my child, should it be necessary. I understand that I will be responsible for any costs related to such medical treatment. I agree to provide updated medical information and consent for treatment as necessary.



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4. Indemnification

I agree to indemnify and hold harmless the Owner/Operator from any claims, losses, damages, or expenses (including legal fees) arising out of or in connection with my child's participation in the childcare services, including but not limited to any injury, illness, or accident occurring during the course of the childcare. This includes, without limitation, any harm caused by interactions with other children, that may arise while under the care of the Owner/Operator.

5. Parent's Responsibility

I acknowledge that I have provided accurate and complete information about my child's health, allergies, dietary restrictions, and any other relevant medical conditions. I agree to immediately inform the Provider of any changes to this information, and that failure to do so may result in a loss of the Provider's ability to safely care for my child.

6. Acknowledgment

By signing below, I confirm that I have read and fully understand the terms and conditions of this waiver and liability disclaimer. I voluntarily agree to the terms, acknowledge that I have the authority to make decisions on behalf of my child, and understand the risks associated with unlicensed childcare services.

Parent's Signature: _____

Date: _____

Parent's Name (Print): _____



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PERSONAL INFORMATION

CHILD INFORMATION

Name: _____ Phone Number: _____
Date of Birth ((dd/mm/yyyy): _____ Gender: _____
Home Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____
Primary Phone #: _____ Mobile #: _____
Email Address: _____
Home Address: _____
☐ Authorize to pick-up

Parent/Guardian Name: _____ Relationship to Child: _____
Primary Phone #: _____ Mobile #: _____
Email Address: _____
Home Address: _____
☐ Authorize to pick-up

EMERGENCY CONTACT (If Parent/Guardian is unavailable)

Emergency Contact Name: _____
Relationship to Child: _____
Phone Number(s): _____
Home Address: _____
☐ Authorize to pick-up



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EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission for Hello KiCo Owner/Operator to seek medical treatment for my child if necessary, including transport to the nearest medical facility if required.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Additional Health Information or Instructions:

Please provide any additional information, instructions, or health concerns for your child:

Thank you for providing us with this important information! It will help us ensure the best care and safety for your child while at Hello KiCo.



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HEALTH INFORMATION FORM

1. Does your child have any known medical conditions or allergies?

_____ Yes _____ No

If yes, please specify: _____

2. Does your child take any medication regularly?

_____ Yes _____ No

If yes, please list: _____

3. Does your child have any special dietary restrictions or needs?

_____ Yes _____ No

If yes, please specify: _____

4. Has your child ever had any serious injuries or surgeries?

_____ Yes _____ No

If yes, please provide details: _____

5. Does your child have any behavioral, emotional, or psychological conditions we should be aware of?

_____ Yes _____ No

If yes, please explain: _____

6. Has your child received all the recommended vaccinations?

_____ Yes _____ No

If no, please provide details: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____



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PICK-UP AUTHORIZATION

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identity before the child will be released):

Name: _____

Relationship to the Child: _____

Name: _____

Relationship to the Child: _____

Name: _____

Relationship to the Child: _____

Name: _____

Relationship to the Child: _____

I confirm that the information provided above is accurate. I understand that it is my responsibility to notify Hello KiCo of any changes to this information promptly.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____