

# Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Flathead Playcare LLC D.b.a. Scribbles drop-in Playcare ("Scribbles Playcare") has put in place preventative measures to reduce the spread of COVID-19; however, Scribbles Playcare cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Scribbles Playcare could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Scribbles Playcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Scribbles Playcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Scribbles Playcare employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Scribbles Playcare or participation in Scribbles programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Scribbles Playcare, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Scribbles Playcare, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Scribbles Playcare program.

Parent/ Guardian Name:  
(printed) \_\_\_\_\_

Child(ren) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

# Scribbles® Drop-in Playcare

## OUR MISSION

Scribbles Playcare was founded in Kalispell Montana in 2015 by Carissa and Guy Emett. In 2017 it was purchased by Brittney and James Malley. Brittney is currently spearheading the movement to grow Scribbles into a state and eventually, nationally recognizable brand that strives to deliver the safest, most professional quality childcare available in the industry.

### A note from the Owner

Welcome and thank you for choosing Scribbles Playcare® as your childcare provider! My husband and I have two young daughters and understand the struggle of trying to find a safe and reliable source of quality childcare for all of life's demands that unfortunately require us to be away from our children. We believe that our company will revolutionize the way that you look at childcare by becoming the all in one solution for people who need a safe place to leave their precious children without worrying about their wellbeing. I truly hope that we meet all your needs and I guarantee your satisfaction in our service.

Brittney Malley

Owner

Scribbles Playcare®



# Kalispell registration form

Revised 04/2023

Parent/Legal Guardian/Foster Parent Information:

For purposes of entity identification "Scribbles", "Scribbles Playcare"

and "Scribbles drop-in Playcare" are all owned and operated by Flathead Playcare LLC. And are all included every time one of those names is used.

#1 Parent Full Name\_\_\_\_\_

Relationship to Child- Parent, Grandparent, Step-Parent, Foster Parent, Legal Guardian

State Issued ID/Drivers License#\_\_\_\_\_

#2 Parent Full Name\_\_\_\_\_

Relationship to Child- Parent, Grandparent, Step-Parent, Foster Parent, Legal Guardian

State Issued ID/Drivers License#\_\_\_\_\_

Mailing

address:\_\_\_\_\_

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

Parent #1 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Parent #2 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)\_\_\_\_-\_\_\_\_

## **Emergency Medical Contacts and Consent for Medical Treatment:**

In the event I cannot be reached, I, or whoever signs my child in for that day authorizes Scribbles Playcare® and its representatives to act as an agent for me. I give my permission for Scribbles Playcare® to administer basic first aid to my child as reasonably appropriate, however, I understand Scribbles Playcare® shall not be required to strictly follow those guidelines when, in its Judgment, circumstances may require otherwise. In the event that Scribbles Playcare® in Its sole discretion, believes that my child needs more advanced care, I consent to medical, surgical, and/or hospital care, treatment, and/or procedures to be performed for my child by a licensed dentist, physician, ambulance attendant/emergency medical technician, or other licensed health care provider, when deemed necessary or advisable by the health care professional to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or Scribbles Playcare® to an emergency center for treatment. I certify my child is in excellent health and physical condition and

has no medical, psychological or physical condition which has not been disclosed to Scribbles Playcare® on this registration form. My child does not have any infectious, contagious or communicable diseases. In the event my child is in need of emergency care, I do not require that the following physician or hospital be contacted. The information provided below is for informational purposes only. I consent to my child being taken to the treatment facility recommended by the health care professional attending my child.

Name of Physician/ Office/Number: \_\_\_\_\_

"Scribbles", "Scribbles Playcare" and "Scribbles drop-in-Playcare" are all trade names owned by Flathead Playcare LLC. They are all synonymous with Flathead Playcare LLC and all agreements, waivers, contracts or any other written agreement that applies to any of them applies to Flathead Playcare LLC, it's managers, representatives or agents.

I represent that I am the parent or legal guardian of the child designated on this registration form. I, on behalf of myself, my spouse, and the stated child designated on the registration form (my "child"), hereby waive and release all rights, causes of action and claims against this independently owned and operated Flathead Playcare LLC. its officers, directors, agents, employees and all of its affiliates for any loss, expense, damage or injury suffered by my child during the time my child is visiting Scribbles Playcare®, including the possible negligence of Scribbles Playcare® but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property and that by signing this release I engage Scribbles Playcare® to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of Scribbles Playcare® and found it safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Scribbles Playcare® and this release. By signing this release, I have not relied on any promises or statement made by Scribbles Playcare® or its employees other than those contained in written form supplied to me by Scribbles Playcare® I understand this release will be kept on file at Scribbles Playcare® and will continue in effect for each and every future visit my child may make to Scribbles Playcare®

I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## Child Information:

1. Childs Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB- \_\_\_/\_\_\_/\_\_\_ Gender M/F Diaper (circle one) Trained Untrained

2. Childs Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB- \_\_\_/\_\_\_/\_\_\_ Gender M/F Diaper (circle one) Trained Untrained

3. Childs Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB- \_\_\_/\_\_\_/\_\_\_ Gender M/F Diaper (circle one) Trained Untrained

4. Childs Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

DOB- \_\_\_/\_\_\_/\_\_\_ Gender M/F Diaper (circle one) Trained Untrained

Any special need but not limited to food or medical allergy, medication, asthma, communication difficulty, bathroom routine. Please give any pertinent information.

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**I understand that all children attending Scribbles Playcare® must be up to date on their immunizations.**

My child has been examined within the past year by a health care professional and has been found physically, mentally and socially able to participate in a childcare setting such as Scribbles Playcare®

Date of last well child (**MONTH/YEAR**): \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_, \_\_\_/\_\_\_

Any Psychological or Physical condition such as, but not limited to food or medical allergy, medication, asthma, communication difficulty or bathroom difficulty.

Please give any pertinent information.

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My child(en) is current on immunizations.

I will provide a copy of my child's current immunization record before their **THIRD** visit to Scribbles Playcare®

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

## Routines

Breakfast is served at 08:30 AM, lunch at 11:30 AM and dinner at 5:15 PM. If your child is in our care during mealtimes-we will charge a small fee, \$6.00, for a premade meal unless a prepackaged meal is left for them, **NO NUTS!** No child should sit and watch other children eat and feel left out. Snacks are provided by the center for a \$3.00 charge and given at: 3:30 pm. Your child/children will always have water available to them during their stay at Scribbles. We follow strict guidelines while diapering your child. New changing pads and protective wear will be used during every diaper change. A diapering log is available anytime for your review. We never make any child sleep; however, we do have a scheduled quiet time from 12:45 PM-3:00 PM. **\*\*We are aware children come from a wide range of backgrounds and routines. In the instance when discipline issues arise, we will use positive redirection followed by the "time in" method. Upon continued disruptive behaviors, you as the parent will be notified and a "plan" will be put into place to problem solve, as a team, and help your child be successful. If injury of other children, staff or continued poor behavior persists after repeated attempts, we will have to dismiss services to your child.\*\***

Scribbles Playcare's® hours of service are as follows:

- Monday through Friday: 7am- 6pm
- Saturday event reservation only
- Sunday event reservation only
- Rental rates are \$75.00 per hour with one half hour early entry for setup at no charge. A \$50.00 deposit is due at time of booking, which is nonrefundable. Deposit will be applied towards rental fee.

Rates\* for drop off care are as follows:

- Infant rate: 3 months - 17 months: \$11.00/hour
- Infant sibling rate: \$10.75/hour
- Diapered, pull-ups or working toward toilet training: \$7.25/hour
- Potty trained: \$6.50/hour
- Sibling: \$6.25/hour
- Diapered Sibling: \$7.00/hour
- We offer prepaid plans called Family Dollars - please ask for more details!

**\*\*Rates are subject to change without notice, Family Dollars are non-refundable\*\***

A fee of \$3.00/minute for time extending past hours of operation will apply.

Scribbles Playcare® can provide diapers & wipes for a small fee of \$3.00/diaper/2 wipes for your convenience. We strongly encourage all diaper bags to be labeled with child's name. \*Charges are due immediately at the time of checkout for each day your child attends. A \$40 unpaid balance fee is added every day until the balance is paid in full. Unpaid balances go to a collection agency after 30 days. You are responsible for all costs associated with pursuing debt you owe Flathead Playcare LLC including attorney's fees if any.

## Policy and release form

We're honored that you have chosen us to care for your child. We take the up most pride in playing a vital role in your child's life. We feel here at Scribbles that we offer a great balance of structured learning and play. Keeping your child(ren) occupied in a nurturing, safe and fun environment.

Scribbles Playcare® must have a completed registration, COVID-19 Wavier, policy and release form before a child can be accepted for care. All children accepted into Scribbles Playcare® for care must be current on immunizations and provide a copy of immunizations before the third check in day at Scribbles Playcare®. Scribbles Playcare® must be updated within 30 days of any changes of address, medical, allergies and general health.

Scribbles Playcare® welcomes all children ages 3 months through 12 years of age. We are a first come first serve facility.

Scribbles Playcare® does not discriminate against persons with disabilities. However, Scribbles Playcare® staff are not trained to care for children with special needs as our services do not include one on one supervision.

Only authorized adults will be allowed to check children in and out of Scribbles Playcare® and must be prepared to have a **valid photo identification EVERY time** they arrive to pick up their child. Authorized persons may pick up your child ONLY if prior arrangements have been made and proper form is on file with Scribbles Playcare®.

All Scribbles Playcare® staff has completed and passed thorough background checks and drug testing and carry current CPR certification.

**No non-employee adults are allowed past lobby partition while children are present for the safety of all persons in the facility.**

**Scribbles Playcare® is a sock only facility! This helps by keeping our floors clean and germ free.** Socks are available for your convenience for \$2.00/pair. Shirts and pants are also available for \$8.00/pair.

Scribbles Playcare® is a NO SMOKING/TOBACCO FREE zone. No tobacco use within 30 feet of facility entry way in accordance with state law.

**Scribbles is a NUT FREE zone. This includes all tree nuts.**

All staff members at Scribbles Playcare® are required to report any instance where there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, child neglect or exploitation. The police and Child Protective Services will be notified immediately.

Scribbles Playcare® has an open-door policy and operates with transparency to maintain the safety of our staff and children. Scribbles Playcare® has available private, password protected online video streaming for parents only, to monitor their children's activities while at Scribbles Playcare® Passwords for our streaming system will be changed on a weekly basis to protect the safety of our facility and children in our care.

### **Scribbles Playcare® Release and Waiver of Liability**

Assumption of risk, release and waiver of liability, indemnity agreement and medical consent.

In consideration of being allowed to enter and/ or participate in any activities at Scribbles Playcare®, the undersigned acknowledges, appreciates and agrees to the following:

1. Playground equipment can be dangerous and can result in serious injury to me/ my child. I understand the nature of activities and represent that I and my child is qualified,



in good health, and in proper physical condition to participate in such activities. If I believe any of the activities are unsafe, I will immediately report this, in writing, to Scribbles Playcare®. I understand that these activities may involve risk of serious bodily injury, which may be caused by my child's own actions/ inaction or actions/ inaction of other participants. I hereby knowingly and voluntarily assume any and all such risks, including presently unknown or unforeseeable risks, and voluntarily assume all responsibility for losses resulting from participation in these activities by my child.

2. I hereby forever release and discharge Scribbles Playcare® its respective owners, heirs, shareholders, administrators, directors, agents, officers, lessors, volunteers, employees, other participants, any sponsors, and advertisers from any and all liability, claims, demands, losses, or damages, however caused, whether related to property damage, theft, and/ or personal injury, and whether based on tort, intentional act, strict liability, negligence, and/ or negligent rescue. I will indemnify, save and hold harmless each of the above named parties from any claim, expense attorney's fees, loss, liability, damage, or cost which relates to or arises from this waiver to the fullest extent permitted by law. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurances of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

3. I also understand and agree that my execution of this waiver on the initial visit, or for my child, will authorize Scribbles Playcare® to enter this waiver into its database and use it as a continuous, multi-use waiver for my child's ongoing participation in the activities. I hereby authorize Scribbles Playcare® to use this waiver as a multi-use waiver until such time as I revoke it in writing.

Parental/Legal Guardian Consent and I, the minor child's parent, and/ or legal guardian, understand the nature of the above referenced activities and the minor child's experience and capabilities and believe that the stated minor child to be qualified to participate in such activities. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the releases from all liability, claims, demands, losses or damages of the minor child's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, myself, the minor child, or anyone of the minor child's behalf makes a claim against any of the above releases, I will indemnify, save and hold harmless each of the above named parties from any litigation expenses, attorney's fees, loss, liability, damages, or costs any release may incur as a result of any such claim.

Medical Permission Authorization if the participant is of minor age, the undersigned parent or guardian hereby give permission for Scribbles Playcare® to authorize emergency medical treatment as may be deemed necessary for the minor child named below while participating in Scribbles Playcare® activities. The undersigned hereby releases, discharges, covenant not to sue and agrees to indemnify, save and hold harmless Scribbles Playcare® from all liability, claims, demands, losses or damages on the minor child's account caused or alleged to have been caused in whole or in part by the negligent medical treatment, failure to provide medical treatment, or negligent rescue operations, and further agrees to indemnify, save and hold harmless Scribbles Playcare® from any litigation expenses, attorney's fees, loss, liability, damages, or costs incurred by Scribbles Playcare® as a result of any such claim.

I HAVE READ THE ABOVE MEDICAL PERMISSION AUTHORIZATION AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SCRIBBLES PLAYCARE® FROM ALL LIABILITY ARISING AS THE RESULT OF THIS MEDICAL PERMISSION AUTHORIZATION. FURTHERMORE, I AGREE TO ALL RATES AND UNDERSTAND FAMILY DOLLARS® ARE NOT REFUNDABLE, PRE PAID HOURS EXPIRE EVERY FRIDAY AND I UNDERSTAND I AM RESPONSIBLE FOR ALL COSTS OF DEBT COLLECTION INCLUDING BUT NOT LIMITED TO ATTORNEYS FEES IN THE EVENT I CHOOSE NOT TO PAY MY BILL. WE RESERVE THE RIGHT TO RETAIN LEGAL COUNCIL TO DEFEND OURSELVES AND MAY REQUIRE YOU TO PAY ALL COSTS ASSOCIATED WITH DEFENDING OURSELVES AGAINST LITIGATION.

Printed name of participant  
(child(ren)):

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Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

# Authorization Pick Up

I, \_\_\_\_\_ authorize the following responsible person/ persons to drop off and or pick up \_\_\_\_\_ from the Scribbles Playcare® facility.

Authorized Person(s):

1) FIRST \_\_\_\_\_ LAST \_\_\_\_\_

-RELATIONSHIP TO CHILD \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other (\_\_\_\_)\_\_\_\_-\_\_\_\_

2) FIRST \_\_\_\_\_ LAST \_\_\_\_\_

-RELATIONSHIP TO CHILD \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other (\_\_\_\_)\_\_\_\_-\_\_\_\_

3) FIRST \_\_\_\_\_ LAST \_\_\_\_\_

-RELATIONSHIP TO CHILD \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Other (\_\_\_\_)\_\_\_\_-\_\_\_\_

I will properly inform all authorized person/ persons that valid photo identification is required to pick up my child from Scribbles Playcare®

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

## Sick child policy

Scribbles Playcare® requires that your child be symptom free for 24 hours before returning to our facility from the following symptoms: Vomiting, Diarrhea, Rash, Persistent cough, A fever of 99.0 F or obvious contagious conditions such as head lice or pink eye.

Our 24-hour policy is designed for the sick child's protection, as well as for the others in our facility. Taking the extra time to make sure a fever or other symptoms are gone gives your child the rest they need for their own body and health.

If your child becomes ill while in our care. We will notify you, so you can make arrangements to pick them up as soon as possible. Thank you.

I \_\_\_\_\_ Have read and understand  
Scribbles Playcare® registration form and agree with it in its entirety.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any further questions, comments, or concerns, please contact the owner  
Brittney Malley at 406-755-7550. Thank You!