Thank you very much for your interest in the Neurocritical Care Society children's program. Our goal is to provide your children with a program they want to attend, while providing you with that critical “peace of mind” feeling so you can attend your event activities.

KiddieCorp is pleased to provide a children's program during the 17th Annual Meeting. KiddieCorp is in its thirty-third 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 months through 11 months old; 1:3 for children ages 1 through 2 years old; 1:5 for children ages 3 through 5 years old; 1:7 for children ages 6 through 12 years old; 1:10 for ages 13-17 years old). KiddieCorp team members are selected according to their integrity, experience, education and enthusiasm. They must be wonderful with kids! You will feel extra secure knowing that the KiddieCorp team is bonded and that we carry ample liability insurance.

**Where, When, For Whom**
The program is for children ages 6 months through 17 years old. The dates for the program are October 15-18, 2019 and will be located at the Vancouver Convention Centre in Vancouver, British Columbia, Canada. Snacks and water will be provided and meals need to be supplied by parents.

**Registration**
See the attached registration and consent form for event information. The advance registration deadline is September 17, 2019. Register early as availability is limited and handled on a first-come, first-served basis. KiddieCorp must receive both the registration/consent 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 [https://form.jotform.com/KiddieCorp/ncskids](https://form.jotform.com/KiddieCorp/ncskids).
**CHILDREN’S PROGRAM REGISTRATION FORM**  
- Neurocritical Care Society • October 15 – 18, 2019 -

**Parent Info:**  
Last Name ___________________________  
First Name ___________________________

E-mail address: ___________________________  
Phone: ( ) ___________________________

The pre-registration deadline is September 17, 2019.

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Age(s)</th>
<th>Hours Needed</th>
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<tbody>
<tr>
<td><strong>Tuesday, October 15</strong></td>
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<tr>
<td>1</td>
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<td>4:30pm - 9:00pm</td>
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| **Wednesday, October 16** | | |
| 1 | | |
| 7:00am - 7:30pm | | |
| 2 | | |
| 3 | | |

| **Thursday, October 17** | | |
| 1 | | |
| 8:30am - 10:00pm | | |
| 2 | | |
| 3 | | |

| **Friday, October 18** | | |
| 1 | | |
| 8:00am - 12:00pm | | |
| 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.

*Tuesday and Friday are considered half days. You will be charged $50 per day, per child if you require care on these days.

*Half Day Hours for Wednesday are 7:00am to 1:15pm and 1:15pm to 7:30pm.

*Half Day Hours for Thursday are 8:30am to 3:15pm and 3:15pm to 10:00pm.

**TOTAL FEE:**  
Full Day: $100.00 per child x _____ # of Children x _____ # of Days = $__________  
Half Day: $ 50.00 per child x _____ # of Children x _____ # of Days = $__________  

Credit Card*: _______ _______ _______ _______  
Exp. ______/______  
VPN: ___________________________

Check: **Payable to KIDDIECORP**

Send completed forms & payment to:  
KiddieCorp/NCS  
8961 Complex Drive  
San Diego, CA 92123  
Fax: 1-858-455-5841 (credit card payment only)

*Visa, MasterCard or American Express

- 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 September 17, 2019 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.
Neurocritical Care Society
CHILDREN’S PROGRAM CONSENT FORM

• Child(ren)’s first and last names:

Name____________________________ Age_____
Name____________________________ Age_____
Name____________________________ Age_____
Name____________________________ Age_____

• Please list only those allowed to check-out the above child(ren) from the KiddieCorp children’s program (please list first and last names; photo ID may be required when checking out children):

Name____________________________________ Relationship to child(ren)___________________
Name____________________________________ Relationship to child(ren)___________________

• Are any of your children allergic to anything (foods, etc.) or are any of your children taking medication? If yes, explain: (Note: KiddieCorp staff does not administer or assist in the administration of any medications.)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

• Do any of your children have health limitations or special needs? Any birthmarks or injuries we should be aware of?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

We, the undersigned adults, agree to place our child or ward in the KiddieCorp children’s program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless KiddieCorp, Neurocritical Care Society, and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the program will be held (collectively “the Releasees”), from any and all claims which may now or hereafter arise from our child’s/ward’s (or children’s/ward’s) participation in the KiddieCorp program. We do not release claims arising from Releasees for any of their willful misconduct or gross negligence.

Photographs taken throughout the children’s program may be used for promotion and/or publication by Neurocritical Care Society and KiddieCorp, Inc.

We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, KiddieCorp has our permission to administer first aid, contact our pediatrician, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child.

Signature: ___________________________ Date: __________

Parent/Guardian Name: __________________________
Address: ______________________________________
City: __________________ State: _____ Zip: __________
Phone: (home) (____)_________________________
Cell #: (____)_________________________ E-mail: ________________________________
Pediatrician’s Name: __________________________ City: __________________

Emergency Contact (Someone who is not at this location with you): ________________________________

Emergency Contact Phone: (____)_________________________

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.