

KiddieCorp National Headquarters 8961 Complex Drive San Diego, CA 92123 Tel: (858) 455-1718 Fax: (858) 455-5841

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Hello ASTRO Parents!

Thank you very much for your interest in the American Society for Radiation Oncology 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 your event activities.

KiddieCorp is pleased to provide a children's program during ASTRO's 60th Annual Meeting. KiddieCorp is in its thirty-second 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 and crafts, group games, music and 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). 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 12 years old. The dates for the program are October 21-24, 2018, and will be located at the Henry B. Gonzalez Convention Center in San Antonio, Texas. Snacks and water will be provided. Meals will need to be supplied by parents each day.

REGISTRATION

See the attached registration and consent form for event information. The advance registration deadline is September 20, 2018. 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. ASTRO reserves the right to cancel the children's program due to lack of participation.

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.



CHILDREN'S PROGRAM REGISTRATION FORM

- American Society for Radiation Oncology • October 21 - 24, 2018 -

First Name

Parent Info: Last Name

Email address:		<u>()</u>					
The preregistration deadline is September 20, 2018.							
	Name(s)	Age(s)	Hours Needed (4-hour minimum				
Sunday, October 21	1						
7:15am - 6:30pm	2						
	3						
Monday, October 22	1						
7:15am - 6:00pm	2						
	3						
Tuesday, October 23	1						
7:15am - 6:30pm	2						
	3						
Wednesday, October 24	1						
7:15am - 1:00pm	2						
	3						
□ Check here if your child((ren) has any special needs un	nder the Americans w	ith Disabilities Act. We will contact yo				
•	, ,		vill be made to accommodate late or				
			unless they are preregistered.				
TOTAL FEE: \$15.00 per	r hour per child x# of	f Children x#	f of Hours = \$				
Credit Card*:	E	xp/ VPN:					
Check: Payable to KIDDII	ECORP						
=	ed forms & payment to:	KiddieCorp/AS					
-US Dollars Only- *Visa, MasterCard or American Express		8961 Complex Drive San Diego, CA 92123					
"visa, iviasterua	ard or American Express		5-5841 (credit card payment only)				

- 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 20, 2018, 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.
- Please note: There will be a charge of \$5.00 for every 5 minutes you are late to pick up your child/children after the program is closed. Please keep this in mind when planning ahead.
- ASTRO reserves the right to cancel the children's program due to lack of participation.

American Society for Radiation Oncology CHILDREN'S PROGRAM CONSENT FORM

•	Child(ren)'s first and last nan	nes:						
Name		Age	Name		Age			
Na	ame	Age	Name		Age			
•	Please list <u>only</u> 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):							
Na	ime		Relationship to child(ren)					
		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 injuries we should be aware		dietary restrictions	or special needs? A	Any birthmarks o			
	We, the undersigned adults, which we understand is an in Radiation Oncology (ASTRO) this program is not licensed respective heirs, assigns, an harmless KiddieCorp, ASTRO vendors, and the owners an (collectively "the Releasees") child's/ward's (or children's/warising from KiddieCorp or its Photographs taken throughou American Society for Radiation We have read the above and health concern, KiddieCorp has emergency medical treatment emergency involving our child KiddieCorp reserves the right the program or endanger the	ndependent service). We also understar d. For ourselves, o nd next of kin, we O, and their respec- nd/or lessors of the), from any and all ard's) participation ir employees for any o ut the children's prog on Oncology and Kid d understand this rel as our permission to nt for our child. V d. to limit participation	provider not affiliate of that due to the natur child/ward (or child/ward (or child/ward) release and tive officers, director facility or facilities of claims which may not this KiddieCorp proof their willful miscond from may be used for dieCorp, Inc. lease. Furthermore, administer first aid, of the volume of any child whose provided that the contract of the cont	ed with the Americal ature of the services in ildren/wards), and d agree to indemnors, agents, employe where the program now or hereafter arogram. We do not reduct or gross negliger promotion and/or prin the event of an econtact our pediatrical expenses incurred	n Society for and location, each of our ify and hold ees, assigns, will be held ise from our elease claims ence. sublication by mergency or ian, or obtain d due to an			
Pa	rent/Guardian Name:							
Sig	gnature:			Date:				
Ad	ldress:							
Cit	ty:		State:	Zip:				
Ph	one: (home) ()		(work) ()					
Се	ell/Pager #: ()		(Email)					
Pe	ediatrician's Name:			City:				
En	nergency Contact (someone who	is not at this location w	rith you):					

Emergency Contact Phone #: (____)