



KiddieCorp National Headquarters
8961 Complex Drive
San Diego, CA 92123
Tel: (858) 455-1718
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Hello ICOSR Parents!

Thank you very much for your interest in the International Congress on Schizophrenia Research 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 event activities.

KiddieCorp is pleased to provide a children's program during the 2009 International Congress on Schizophrenia Research. KiddieCorp is in its twenty-third year of providing high quality children's programs and youth services to conventions, trade shows and special events. We take watching 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 themed, 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 through 11 months; 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! 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 March 29 – April 1, 2009 and will be located at the Manchester Grand Hyatt in San Diego, CA. Snacks and beverages will be provided and meals need to be supplied by parents or purchased when checking in your child.

REGISTRATION

See the attached registration and consent form for event information. **The advance registration deadline is February 28th.** 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://www.kiddiecorp.com/icsrkids.htm>.**



CHILDREN'S PROGRAM REGISTRATION FORM

- International Congress on Schizophrenia Research • March 28-April 1, 2009-

	Name(s)	Age(s)		Additional Hours
Sunday, March 29	1 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
8:00am - 12:00pm	2 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
12:00pm – 6:00pm	3 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
Monday, March 30	1 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
8:00am - 12:00pm	2 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
12:00pm – 6:00pm	3 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
Tuesday, March 31	1 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
8:00am - 12:00pm	2 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
12:00pm – 6:00pm	3 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
Wednesday, April 1	1 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
8:00am - 12:00pm	2 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____
12:00pm – 6:00pm	3 _____	_____	<input type="checkbox"/> Half Day-AM <input type="checkbox"/> Half Day-PM <input type="checkbox"/> Full Day	_____

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:

HALF DAY-AM:	\$ 35.00 per child x _____ # of Children x _____ # of Half Days-AM	= \$ _____
HALF DAY-PM:	\$ 42.00 per child x _____ # of Children x _____ # of Half Days-PM	= \$ _____
FULL DAY:	\$ 77.00 per child x _____ # of Children x _____ # of Full Days	= \$ _____
Additional Hours:	\$ 7.00 per child x _____ # of Children x _____ # of Hours	= \$ _____

TOTAL: = \$ _____

Check: Payable to KIDDIECORP **Credit Card*:** _____ Exp. ____/____

Send completed forms & payment to:
-US Dollars Only-

*Visa, MasterCard or American Express

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- 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 February 28th 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.

International Congress on Schizophrenia Research
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, International Congress on Schizophrenia Research, 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 from any of their willful misconduct or gross negligence.

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.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) () _____ (work) () _____

Cell/Pager #: () _____ E-mail: _____

Hotel: _____ Room #: _____

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.



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We'll handle the kid stuff.

2009 International Congress on Schizophrenia Research

Release Form/Waiver

KiddieCorp will be photographing the 2009 International Congress on Schizophrenia Research using traditional photography and video. Photography is in-house and may be used by KiddieCorp and the International Congress on Schizophrenia Research for promotional purposes. Please indicate below if you will allow KiddieCorp and the International Congress on Schizophrenia Research to use images of your child(ren) or ward(s) in their promotional materials (i.e. company brochure, website, banners, and other promotional materials). As safety always comes first at KiddieCorp and the International Congress on Schizophrenia Research, please rest assured that the identity of your child(ren) and/or ward(s) will not be released or identified in any way to the public. Images taken at this event will only be used by KiddieCorp and the International Congress on Schizophrenia Research for the above-mentioned promotional purposes. Images will not be sold or released to any other company or any individual for any reason.

YES – I _____ give permission for KiddieCorp and the International Congress on Schizophrenia Research to use images of my child(ren)/ward(s) in their promotional materials. I understand that no fee will be paid to me or my child(ren)/ward(s) for use of their image(s) now or in the future and release all rights to payment for these images.

NO – I _____ do not give permission for KiddieCorp and the International Congress on Schizophrenia Research to use images of my child(ren)/ward(s) in their promotional materials. I understand that a Polaroid image of my child will be taken at the time of signing this form so that KiddieCorp and International Congress on Schizophrenia Research may identify my child(ren)/ward(s) to insure that they do not appear in any images used by KiddieCorp in their promotional materials.

(Signature)

Dated: _____