KiddieCorp is pleased to once again be offering a professional children’s program specifically for 2013 ACVIM Forum families. KiddieCorp, a nationally established firm, is in its twenty-seventh year of providing high quality children’s programs. KiddieCorp has been providing a fun-filled children’s program for ACVIM since 1995. KiddieCorp’s friendly team members come prepared with age-appropriate games, souvenir arts and crafts projects, toys, and entertainment that will deliver fond memories for children ages 6 months to 13 years old. The KiddieCorp team members are bonded, qualified childcare specialists who are carefully selected and trained.

WHERE, WHEN, FOR WHOM
The children’s program will be located at the Sheraton Seattle Hotel and Towers and will be available June 12 - 15, 2013 (Wednesday – Saturday). The hours are as follows: Wednesday 7:30 am to 7:15 pm, Thursday 7:45 am to 6:30 pm, Friday 7:45 am to 6:30 pm, and Saturday 7:45 am to 6:30 pm. Your cost is only $12 per hour, per child. The remaining cost is subsidized by ACVIM.

Our staff to child ratios are high to ensure that every child feels special (1:2 infants (6 months to 11 months old); 1:3 toddlers (1 to 2 years old); 1:5 younger school age (3 to 5 years old); 1:7 older school age (6 to 13 years old)). KiddieCorp can provide care for infants (newborn to 5 months old) as well. Infants who fall into this age range will be cared for at a 1:1 ratio. There may be an additional cost for families who require 1:1 care.

REGISTRATION
The children’s program is a very popular service and space is limited. Register immediately to assure a place for your child(ren). Late or onsite registration will be accepted on a space-available basis, at the full price. Cancellations must be made to KiddieCorp prior to May 18, 2013, for a full refund. Cancellations after that time are subject to a 50% cancellation fee. No refunds will be given after the start of the program.

ADDITIONAL INFORMATION
For parents with infants, please bring diaper changing supplies, formula/baby food, and a change of clothes. Please label all lunches and personal belongings. Infant spaces are limited, so register early. KiddieCorp provides snacks and beverages. Parents are responsible for lunches for their children (which, if desired, can be arranged through the hotel by KiddieCorp). KiddieCorp team members will not administer medication. To ensure a safe and fun-filled environment, any child that is ill will not be admitted into the children's program.

Please list each child’s name and age (the age they will be on June 12, 2013). Indicate the reservation hours that you would like to make for each child. Children must be registered for a minimum of two consecutive hours per child, per day.
Parent Info: Last Name ___________________________ First Name ___________________________
E-mail address: ___________________________________________ Phone: (_______) ______________________

The pre-registration deadline is May 18, 2013. Children must be registered for a minimum of two consecutive hours per child, per day.

<table>
<thead>
<tr>
<th>Children's Name(s)</th>
<th>Age(s)</th>
<th>Hours Needed</th>
<th>(2 hour min.)</th>
<th># of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, June 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:30am - 7:15pm</td>
<td>1__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
</tr>
<tr>
<td>2__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>3__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday, June 13</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:45am - 6:30pm</td>
<td>1__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
</tr>
<tr>
<td>2__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>3__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td><strong>Friday, June 14</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:45am - 6:30pm</td>
<td>1__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
</tr>
<tr>
<td>2__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>3__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td><strong>Saturday, June 15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:45am - 6:30pm</td>
<td>1__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
</tr>
<tr>
<td>2__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>3__________________________</td>
<td>________</td>
<td>________________</td>
<td>_________</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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 onsite registrations, there is no guarantee that KiddieCorp can accept children unless they are pre-registered.

Send this completed registration form and the enclosed Children's Program Consent Form with either a check (drawn on a U.S. bank in U.S. dollars) payable to KiddieCorp or your VISA, MasterCard, or American Express number to: KiddieCorp/ACVIM, 8961 Complex Drive, San Diego, CA 92123, by fax to (858) 455-5841 (credit card payment only) or register online at https://www.kiddiecorp.com/acvimkids.htm.

TOTAL FEE: $12.00 per hour, per child x _____ # of Children x _____ # of Hours = $__________

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

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

Please copy the completed form for your records. No confirmation will be sent. If you have any questions, please contact KiddieCorp by phone at 858-455-1718 or by e-mail at info@kiddiecorp.com. KiddieCorp reserves the right to limit participation of any child whose presence or behavior may endanger the health or safety of others.
**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, American College of Veterinary Internal Medicine, 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, or any of their, willful misconduct or gross negligence.

Photographs taken throughout the children’s program may be used for promotion and/or publication by ACVIM 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): ____________________________

**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.