Superhero Birthday Party

It's a party fit for a superhero! The Superhero Center for Autism is happy to have you host your child's birthday party at our facility. We know they will have a wonderful time with all of their friends playing on the equipment, exploring various sensory rich environments, and making memories.

Each birthday party may consist of up to 16 children and guests' parents are encouraged to stay. The parent of the birthday superhero is required to stay and accepts full responsibility for their superhero and guests. All regular open gym rules apply to the party guests. We have a birthday party room and kitchenette for your use as well as a volunteer present to answer any questions.

| Superhero Name: | |
|----------------------|--|
| Superhero Age: | Registered Family: yes no |
| Parent(s) Name(s): | |
| Phone Number: | |
| Email Address: | |
| · | re available Saturdays (12pm-7pm) and Sundays case list your date and time preferences. We will may be unable to depending on previous |
| Requested Party Date | Requested Party Time |
| Option 1: | |
| Option 2: | |
| Option 3: | |

We will contact you within 5 business days with the date chosen.

Birthday party price: \$100.00 due when final date is reserved. Checks should be made out to The Superhero Center for Autism.

A volunteer will be present for the birthday parties to answer any questions and have parents sign a waiver prior to their child playing.

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| Please initial the following statements: | |
|--|----|
| I understand I am responsible for any damages at The Superhero Center. | |
| I understand that a cleaning fee of \$50 may be applied if I do not clean up after my guests. This fee will be assessed during check out with the volunteer at the end of the party. A credit card will need to be on file price to the party starting. | |
| I agree to be mindful of sensory and dietary needs of future center visitors | 5. |
| All food and beverages must stay in the kitchen and party room. | |
| To the fullest extent permitted by law, I release The Superhero Center for Autitis officers, directors, employees, and volunteers from any injury, harm, damage or death which may occur to any of the party guests including myself and my child(ren) while participating and agree to save and hold harmless The Superhero Center for Autism, its officers, directors, employees, and volunteers from any claims arising out of any guest's participation. | |
| Parent/Guardian Name: | |
| Parent/Guardian Signature: | |
| Date: | |
| Credit Card information: | |
| Name on Card: | |
| Card Number: | |
| Expiration:/ | |
| Billing Address: | |
| | |

Birthday Party Checklist

After your party, we require the party host to meet with our volunteer who will go through this checklist to make sure the facility is ready for our next superhero.

| All party room tables and chairs are wiped clean |
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| Toys in the siblings room are picked up |
| Fine motor room is cleaned up |
| Parent room is cleaned up |
| Sensory gym is cleaned up, mats are wiped down if necessary |
| Kitchen is cleaned up and all food is discarded into the trash bins |
| Bathroom is cleaned |
| Quiet room is picked up |

Thank you for having your party at The Superhero Center!