

Childcare & Kids' Space

6 weeks to 12 years

Registration Form

All information is necessary to comply with Vermont State Day Care regulations.

Child's Full Name: _____

Age of Child: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone #: _____

Local address (resort, staying with family, etc.): _____

Local Phone #: _____

Can you be reached on your cell phone today? Yes No Yes, cell phone
#: _____

If neither parent can be reached in case of an emergency, please contact (anywhere in the world):

Name _____ Phone #: _____

Address: _____

Child's Physician's Name: _____ Phone #: _____

Yes No Are you child's vaccinations up to date?

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*Children will not be released to anyone other than their legal parent/guardian unless authorized by a parent/guardian. We will check identification for anyone picking up your child.

If someone other than yourself is picking up your child, please specify below:

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Getting to Know Your Child

Please list any known food/drug allergy your child might have:

Please explain any special dietary requirements (if child is bottle fed please indicate time of feeding, no juice, etc.):

Does your child have any physical and/or emotional problems the staff needs to be aware of:

Yes No If yes, please explain fully: _____

Please list any specific "tricks" or comfort items that help your child sleep or feel comfortable:

Does your child sleep on his/her stomach? Yes No

If yes, please sign below indicating that we are allowed to place your child on his or her stomach.

Signature: _____ Date: _____

Any additional information you would like us to know: _____

Medication Information

Bolton Valley Childcare Center does not administer prescription medication. If your child is currently taking a prescription medication, you or someone you authorize to administer this medication, must return to the childcare center to administer this medication. The only prescription medications we administer are those for emergency purposes (e.g. Epi-Pens for allergies).

Medication: _____

Directions and dosage: _____

Reason: _____

I understand that if the need for any of the above-mentioned medications should arise, every effort to contact me will be made prior to the administration of the medication. However, in the event that I cannot be reached, I hereby authorize the above-mentioned medications to my child.

Signed _____ Date: _____

Parent/Guardian

Has your child taken any medications (prescription or non-prescription) today? Yes No

If yes, what medications? _____

Dosage? _____ Time administered? _____

Release of Liability and Medical Authorization

I hereby release and agree to indemnify the Honey Bear Childcare Center and Bolton Valley Resort, its officers, agents, employees, and other persons officially connected with Honey Bear Childcare Center from all liability from any injuries to my child or damages whatsoever arising from his/her attendance at the Honey Bear Childcare Center at Bolton Valley.

I understand that every effort will be made to reach me if my child becomes ill or is injured. However, if I can't be reached, and medical care is deemed necessary, I hereby authorize care by a physician, EMT, or member of the ski patrol and further authorize the transport of my child to an appropriate physician or medical center.

Signed _____ Date: _____

Parent/Guardian