



Kids Club Registration Form

(2 months through 3 years)

CHILD'S NAME: _____ **Today's Date:** _____

Age: _____ **Birth date:** _____

Parent Name(s): _____

HOME: Physical address _____
(Street, City, State, Zip)

Mailing Address _____
(if different from above) (Street or PO Box, City, State, Zip)

Home phone # _____

Email Address _____

LOCAL: Local address and room # _____

Local phone # _____

EMERGENCY CONTACT (Local or long distance):

Name _____

Phone # _____

Physical Address _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

PERSONS AUTHORIZED TO PICK CHILD UP: Children will only be released to the people listed below. Authorized persons must be over 18 and present a picture ID with date of birth on it. (i.e drivers license, passport)

Name: _____

Name: _____

Name: _____

I give my permission for my child to:

(Please check one)

1) go outside the Kids Club with a staff member: Yes _____ No _____

2) have a staff member apply sunscreen: Yes _____ No _____

3) diaper cream and/or other ointments: Yes _____ No _____

Please provide your own, if not Kids Club will apply creams/sunscreens that are suitable for children.

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my physician or to take my child to the nearest emergency clinic.

(Child's Social Security#)

(Parent Signature)

(Date)

Tell Us About Your Child

CHILD'S NAME: _____

Has your child ever been in a daycare setting before? Yes _____ No _____

Are there any special anxieties about daycare?

Please explain: _____

Things my child likes to do: _____

Special communication needs/preferences (sign language, child's names for certain objects, etc.):

Nourishment preference (check one): Breast _____ Formula _____ Combination _____

My child typically eats _____ **oz. per bottle every** _____ **hours**

Warmed Up? Yes _____ No _____

Solid food? Yes _____ No _____

My child can eat anything except: _____

He/she is ALLERGIC to: _____

(Food, Drug, Environmental)

The reaction to these allergies is: _____

The course of treatment for these reactions is: _____

Nap time is a very important part of my child's day. Yes _____ No _____

My child usually naps at _____ (am/pm) for _____ hrs

*Please note if nap times are still adjusting to Mountain Time Zone _____

My child's favorite security items are: _____

My child is comforted by: _____

How does your child fall asleep? (rocking, holding, on own, story, music, etc.) _____

Describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at Kids Club:

List any illnesses your child has had in the past 24 hours: _____

(Please read the exclusion policies listed in the packet)

Does your child have any of the following?

Asthma _____

Behavior Problems _____

Diabetic _____

Epileptic _____

Hearing Impairment _____

Hyper/hypo-activity _____

Learning Disability _____

Motor Coordination Problems _____

Visual Impairment _____

Please explain: _____

Is your child taking any MEDICATION? Yes _____ No _____

Please list all medications, dosage and times given _____

We ask that parents administer all medication. *Kids Club Staff **DOES NOT** administer medication.*

My child's potty training can best be described as:

Completed _____ Needs to be reminded _____ Just beginning _____ N/A _____

Suggestions on how we might assist your child in this area: _____