



GRAND TARGHEE RESORT

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/not on mountain):
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)

\*not required\*

# 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:** \_\_\_\_\_