



GRAND TARGHEE RESORT

Skier? _____(office only)

**Kids Club Registration Form
(3.5yrs and Up)**

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: _____

Age: _____

Birth Date: _____

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

Are there any special anxieties about daycare?

Please explain: _____

***If signed up for skiing—Has your child been skiing before?** Yes _____ No _____

*Are there any special anxieties about skiing?

*Please explain: _____

Things my child likes to do: _____

(Read stories, swing, build with blocks, play house, play with cars, color, etc.)

Foods he/she likes to eat: _____

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: _____

Any additional information that may be helpful: _____

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 _____

If yes, 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: _____