

Daycare Registration Form

Today's Date: _____

Please note this form is for multiple children.

1. _____
Child's Name Date of Birth Age

Allergies/Special Needs/Medication taken at daycare: _____

Immunizations up to Date: YES NO

Address: _____
Street Town/City Postal/Zip Country

Options (please tick):

Lunch: Own Daycare Noon Pick Up

Ski Rentals: Full Day Half Day

Kinder Ski: 1 Lesson 2 Lessons

2. _____
Child's Name Date of Birth Age

Allergies/Special Needs/Medication taken at daycare: _____

Immunizations up to Date: YES NO

Address: _____
Street Town/City Postal/Zip Country

Options (please tick):

Lunch: Own Daycare Noon Pick Up

Ski Rentals: Full Day Half Day

Kinder Ski: 1 Lesson 2 Lessons

3. _____
Child's Name Date of Birth Age

Allergies/Special Needs/Medication taken at daycare: _____

Immunizations up to Date: YES NO

Address: _____
Street Town/City Postal/Zip Country

Options (please tick):

Lunch: Own Daycare Noon Pick Up

Ski Rentals: Full Day Half Day

Kinder Ski: 1 Lesson 2 Lessons

Daycare Registration Form

Parent/Guardian Name: _____
First (Mom and Dad) Last

Address: _____
Street Town/City Postal/Zip Country

Contact Number: _____ **Local Hotel:** _____

EMERGENCY CONTACT: (In the event that the parent/guardian is in an accident the child can be released to this person)

Note:

- Under *no circumstances* will the child be released to anyone else without previous authorization from the parent/Guardian.
- Please put someone who is not travelling with you, and will *never be at the ski resort* with you. This person can be a relative, friend etc., located anywhere in the world.
- Please put their physical address. *PO boxes and RR#'s will not be accepted.* In the event of an emergency the RCMP will contact your emergency contact at this address. This may result in a delay at check in time, should the form not be filled out correctly.

Name: _____ **Relationship to Child:** _____

Contact Number: (H) _____ / (W) _____ / (C) _____

Address: _____
Street Town/City Postal/Zip Country

Please read, sign and date:

I give permission for Ski Hill staff to administer emergency First Aid
To my knowledge, my child is not currently suffering from, or recently been exposed to, any communicable disease
I understand the daycare must refuse entry to children suffering any communicable disease.
I permit my child to leave the daycare with ski instructors to attend ski lessons.
In the event of an evacuation, children will be taken to Guest Services.

Signature of Parent/Guardian

Date

Additional People to pick up Child:

We will ask for ID if collecting a child from the daycare.

We are a NUT FREE daycare! Please ensure that you are not sending any nut products to our center.

For Daycare Staff to complete: Child's IN and OUT Times

1. IN _____ OUT _____ IN _____ OUT _____ IN _____ OUT _____
2. IN _____ OUT _____ IN _____ OUT _____ IN _____ OUT _____
3. IN _____ OUT _____ IN _____ OUT _____ IN _____ OUT _____