



**GRAND TARGHEE RESORT**

**Kids Club Registration Form**  
(1-2 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 \_\_\_\_\_ N/A \_\_\_\_\_

**My child typically eats** \_\_\_\_\_ **oz. per bottle every** \_\_\_\_\_ **hours**

**Warmed Up?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Solid food?** Yes \_\_\_\_\_ No \_\_\_\_\_

**My child can eat anything except:** \_\_\_\_\_

**Any notes about eating:** \_\_\_\_\_

**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 Kids Club Policies)**

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

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