



GRAND TARGHEE RESORT

Huckleberry Patch Summer 2025 Registration Form

All lines must be filled out. Please write N/A if needed.

CHILD'S NAME (first and last): _____

Today's Date: _____ **Child's Age:** _____ **Child's Birth date:** _____

Parent/Guardian 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 # _____
(if different from above) Local phone # _____

EMERGENCY CONTACT (Must be someone other than yourself, can be local or long distance/not on mountain):

Name _____ Relationship _____

Phone # _____

Physical Address _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

**Emergency Contact, Physician & Dentist must be filled out. If your child does not currently have a physician/dentist, please fill out the name of yours that we could contact if needed.*

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. driver's license, passport)

Name: _____ Phone Number: _____ Relationship _____

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I have read and understood the Summer 2025 daily schedule and checklist and know that it is a **peanut and treenut** free facility and will pack snacks and lunch accordingly.

Parent/Guardian Initials: _____

I give my permission for my child to: (Please check one on each line)

- | | | |
|---|-----------|----------|
| 1) have a staff member apply sunscreen: | Yes _____ | No _____ |
| 2) diaper cream (if applicable): | Yes _____ | No _____ |
| 3) go on a walking field trip on resort property: | Yes _____ | No _____ |
| 4) have a staff member apply bug spray: | Yes _____ | No _____ |
| 5) have a staff member administer hand sanitizer: | Yes _____ | No _____ |
| 6) eat daycare provided snacks/popsicles: | Yes _____ | No _____ |

Please provide your own sunscreen and bug spray, if not staff will apply Banana Boat Sport Ultra 50+ sunscreen, SC Johnson OFF! Kids Insect Repellent spray, and Purell Hand Sanitizer. All 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. I will have a copy of my child's current Immunization Records or Exemption Forms with me or emailed in at drop off. By signing this form, I am confirming that I have read and agreed to the above terms for the Huckleberry Patch Daycare and fully read and understood the Huckleberry Patch Daycare Summer 2025 Policies and Standard Operating Procedures.

(Parent/Guardian Signature)

(Date)

Tell Us About Your Child

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: _____

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

Nourishment preference (if applicable): Breast _____ Formula _____

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

Bottle 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 physical, mental, sensory, developmental or behavioral conditions that would require any medication, treatment, or considerations while at The Huckleberry Patch Daycare:

Please explain what strategies and accommodations usually best support your child in a daycare setting:

Is your child currently taking any MEDICATION? Yes ____ No ____

Please list all medications, dosage and times given _____

We ask that parents administer all medication.

Staff **DOES NOT** administer medication unless a *Special Health Care Needs form* has been filled out.

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

(Please read the exclusion policies listed in the Huckleberry Patch Policies, and update staff as needed)

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: _____

Anything else you'd like us to know:

Please email your completed Registration Form and Immunization Records/Exemption Records to daycare@grandtarghee.com