Huckleberry Patch Daycare Winter 25'/26' Registration Form

All information on the registration form must be filled out. Please write N/A if needed.

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

CHILD'S NAME (first and last): _____

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

Parent/Guardian Name(s): _____
**If there are 2+ parent/guardian's, please write each name, phone # and email on provided lines.*

HOME: Physical address_____
(Street, City, State, Zip)
Mailing Address_____
(If different from above) (Street or PO Box, City, State, Zip)
Phone #_____
Email Address _____
LOCAL: Local address and room # _____
(if different from above) Local phone # _____

EMERGENCY CONTACT (Must be someone other than parent/guardians, 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 people must present a picture ID. For the safety of the children we prefer they are 16+.
Name: _____ Phone Number: _____ Relationship_____
Name: _____ Phone Number: _____ Relationship_____
Name: _____ Phone Number: _____ Relationship_____
Name: _____ Phone Number: _____ Relationship_____
**Only fill out if you want someone other than Parent(s), Guardians(s) or Emergency Contact to pick up your child.*

By initialing below, I acknowledge that I have:
Read and understood the Winter 25'-26' daily schedule, item checklist and lunch menu.
I will bring all the required applicable items on the item checklist for my child.
I understand that it is a peanut and treenut free facility and will pack snacks and/or lunch accordingly if bringing food from home.

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) go for a walking field trip on resort property: Yes _____ No _____
3) If 3 years +, can use the child sized, small trampoline: Yes _____ No _____
4) have a staff member apply diaper cream (if applicable): Yes _____ No _____

**Banana Boat Sport Ultra 50+ sunscreen will be provided for all children unless you choose to bring your own. If you do not give permission for a staff member to apply sunscreen, staff will supervise and offer verbal guidance while your child applies sunscreen. If you do not want any sunscreen on your child before their outside time at daycare, you will need to sign our sunscreen waiver at drop off. Please refer to the Sunscreen and Hand Sanitizer section of our policy for more information.*

By signing this form on the line below, I acknowledge and agree to the following:

- I hereby authorize the person in charge to call my physician or to take my child to the nearest emergency clinic if a sudden illness or other serious medical emergency should occur and I cannot be reached.
- I am authorized to enroll a child in your program and will list legal parent/guardian names on the registration form.
- I will have a copy of my child's current Immunization Records or Exemption Form with me (or emailed) before or at time of drop off.
- I will fill the "Tell Us About Your Child" form to the best of my knowledge.
- I am confirming that I have read and agreed to the above terms for the Huckleberry Patch Daycare.
- I have fully read and understood the Huckleberry Patch Daycare Parent Handbook: Winter 25'-26'

_____ _____

(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.)**:**

_____

**Please refer to Check-In and Registration section of our policy for information and guidance with drop-off*

If signed up for snow sport lesson, has your child been skiing/boarding before?
Yes ____ No ____
Are there any special anxieties about skiing/boarding/lessons? Please explain:

_____

For all children:
My child can eat anything except: _____
Any notes about eating: _____
He/she is *ALLERGIC* to: _____
(List ALL Food, Drug, Environmental, Other)
The reaction to these allergies is: _____
The course of treatment for these reactions is: _____
**Any allergies/food allergies that involve symptoms that require medication, or medical care must have all usual medications and treatment plans listed on a Special Health Care Needs form, whether the parent leaves us with the medication or not.*

If applicable:
Bottle nourishment preference: Breast ___ Formula ___
My child typically eats ___ oz. per bottle every ___ hours
Bottle Warmed Up? Yes ____ No _____
Solid food as well? Yes ____ No _____
**Please note that per childcare licensing regulations, the facility can only use formula that is provided in its original container/packaging with instructions. Please refer to Bottle Feeding section of our policy for full information.*

Nap time is a very important part of my child's day. Yes ____ No ____
My child usually naps at _____ (am/pm) for _____hrs
Are they still adjusting to Mountain Time Zone? _____
**Please note that the entire facility has rest time for children as a part of the daily schedule. Please refer to the Rest Time/Napping Procedures section of the policy for full information.*

My child's favorite book(s):

_____

My child's favorite song(s):

_____

My child's favorite games or activities:

_____

My child's favorite security items that will be brought to daycare with them 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 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 an approved Special Health Care Needs form has been filled out.

List any illnesses your child has had in the past 72 hours:

_____

Please refer to the Exclusion From Care For Illness: Children and Staff section of our policies. You are required to update staff if there is a change at your next reservation

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 about your child you'd like us to know:

_____

_____

_____

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