

INFANT/TODDLERS REGISTRATION FORM – CHILD CARE

Please fill out one form for each child participating.



Child's Name _____ Age/Months: _____ Date of Birth: _____

Emergency Contact Name #1 _____ Cell Number: _____

Emergency Contact Name #2 _____ Cell Number: _____

IF WE NEED TO GET A HOLD OF YOU...

PLEASE KEEP CELL PHONE ON AND AVAILABLE

1. We TEXT the cell phone listed
2. We CALL the cell phone on file.
3. We DISPLAY the LAST 4 Digits of your cell phone on file on the DISPLAY Box on the Front Left of the Stage in the Auditorium.

Cabin Name/Lodge Name & Number: _____

Allergies: _____

Any relevant medical conditions or history (i.e. diabetes, ADHD, epilepsy, etc.)? No Yes (please explain below)

Who will be picking up the child? _____

Please List Any Other Family Or Friends Who Are Authorized To Pick Up Your Child

What color is your diaper bag? _____ **Please pack diapers, wipes, snacks, and bottle, sippy cups etc. for each session**

Does your child sit up? Yes No Only with help

Does your child use a bottle? Yes No

Does your child use a pacifier? Yes No

May we offer your child Graham Crackers? Yes No

May we offer your child Apple Sauce? Yes No

Does your child have a special blanket or toy that he/she will bring along? No Yes (please explain below)

Is Your Child On Any Special Medication? No Yes (if yes, please list and note for what condition or symptom)

WE DO NOT ADMINISTER MEDICATIONS TO CHILDREN

Is there anything else we should know? No Yes (if yes, please describe below)

Please write out your child's normal routine including (snacks, bottles, nap etc). for the following times:

9:00AM-12:30PM	5:30PM-9:30PM

I give the Mount Hermon Association and its staff, representatives and delegates permission to seek out, to authorize and to provide emergency medical treatment in the event I cannot be reached at the number listed above.

Parent/ Legal Guardian Signature _____