

2 YEARS-TK

Please fill out one form for each child participating.

REGISTRATION FORM – CHILD CARE



mount hermon

Child's Name _____ Age: _____ 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

Is your child potty training? [] Yes [] No

Does your child wear diapers? [] Yes [] No

Does your child wear pull ups? [] Yes [] No

May we offer your child Goldfish crackers for snack? [] Yes [] No

May we offer your child rice rolls for snack? [] 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)

I understand the following:

- 1. Do not bring your child if he/she is sick or has a fever, diarrhea or vomiting in the last 24 hours. Clearance forms may be obtained from the Nurse for allergies or other special situations.
2. Please label all of your child's supplies clearly (cups, jackets, security items, etc.)
3. No child can be admitted by or released to anyone other than one of his/her parents without previous instructions to the Child Care teachers.
4. Some kids will initially experience separation anxiety when being dropped off to a new place. If the child is not able to adjust after 20 minutes we will contact parents.
5. 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 _____