

STRATTON MOUNTAIN CHILDCARE NON-RECURRING ADMISSION FORM

Child's Name 1) _____ D.O.B ___/___/___ Age: _____
 Child's Name 2) _____ D.O.B ___/___/___ Age: _____

Parent/Guardian Name:	Parent/Guardian Name:
Cell Phone:	Cell Phone:
Local address:	Home Address:
Local Phone:	Home Phone:

******* EMERGENCY PHONE NUMBERS *******

Do not need to be local, must be provided, CANNOT be a parent. In an emergency situation, every effort will be made to contact parents FIRST. If parent/guardians cannot be reached, list the following people who will be expected to assume responsibility for your children. Emergency contacts are authorized to pick up the children on this form.

NON-PARENT EMERGENCY CONTACTS:

1) Name _____ Phone Number (____) _____
 Relationship _____ Phone Number (____) _____
 Address: _____

2) Name _____ Phone Number (____) _____
 Relationship _____ Phone Number (____) _____
 Address: _____

Other Adults Authorized to Pick-up: _____

Health and Wellness

Child's Physician _____ City/State _____ Phone Number (____) _____
 Child's Dentist _____ City/State _____ Phone Number (____) _____

Please list for each child:	1	2	3
Is your child properly immunized?	Yes / No	Yes / No	Yes / No
Is your child in good health?	Yes / No	Yes / No	Yes / No
Is your child on any type of medication?	Yes / No	Yes / No	Yes / No
Please explain: _____			

List any allergies/reactions to medications or foods, or any special needs/health issues your child has:

Please initial the following:

- _____ I have read and understand the Stratton Health Policy.
- _____ I authorize the childcare staff to apply non-prescription medications and products, ointments, creams, sunscreens, tick & insect repellent and other topically applied ointments and lotions provided by me, the parent/guardian.
- _____ I authorize my child to have his/her photo taken for promotional purposes.

For all Ski/Snowboard Lesson Participants:

- _____ I authorize my child's primary caregiver (teacher) to sign him/her in and out of the Child Care building for his/her ski or snowboard lesson. The Mountain Sports School will be responsible for my child for the duration of his/her ski or snowboard lesson.

EMERGENCY AUTHORIZATION

In case of emergency, when I cannot be reached and the staff has concluded that medical help must be obtained, I hereby constitute and appoint the Stratton Corporation, and the child care staff my true and lawful attorney, for the purpose of authorizing medical treatment, and the performance of any procedure determined to be necessary after consultation with the emergency physician of my child(ren). I agree to pay all necessary transportation of my child(ren) to the nearest appropriate facility and I understand and assume the cost of all medical care for my child at this facility. I also understand that Vermont state statute requires that Stratton childcare report all suspected cases of child abuse or neglect.

Parent/Guardian Signature _____

Date ____/____/____