

Cell Phone: _____

Email: _____

Mountain Munchkins Special Care

Child's Name _____ Age _____ Today's Date _____

NAP TIME

Usual Nap Times _____ A.M. _____ P.M. _____ On Demand

Special Nap Items _____ Blanket _____ Pacifier _____ Toy

Nap Habits _____ Sleeps on a mat _____ Sleeps in a crib _____ Length of Nap

Other Instructions _____

INFANT FEEDINGS

_____ Breast Fed _____ Bottles _____ Jar Food _____ Table Food

Time Between Feedings _____ 1-2hrs _____ 2-3hrs _____ 3-4hrs _____ On demand

Special Diet Instructions _____

Other Information _____

ALLERGIES

FOOD _____ DRUG _____

Any History of Serious and/or Chronic Illness? YES NO

Please explain _____

PLEASE DO NOT SEND YOUR CHLD WITH PEANUT PRODUCTS UNLESS YOU ARE CERTAIN HE/SHE IS NOT ALLERGIC

OUTSIDE

My child may go outside _____ YES _____ Please use sunscreen _____ NO

Any other special information about your child to help him/her have a great day!

OTHER ADULTS (not mom or dad) AUTHORIZED TO PICK UP MY CHILD

Adult may be required to show picture I.D.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PARENT SIGNATURE _____ DATE _____

Mountain Village Day Care/ MOUNTAIN MUNCHKINS
REGISTRATION FORM

Child's Information

Child's Name: _____ Birthdate: _____

Name of an adult who can assume responsibility for child in the event of an emergency if parent can not be reached immediately: _____

Phone#: _____ Address: _____ Relationship: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Mailing

Address: _____ City _____ State _____ Zip _____

MOM: Home Phone # _____ Work Phone # _____ Cell # _____

Employer: _____ Address _____

DAD: Home Phone # _____ Work Phone # _____ Cell # _____

Employer: _____ Address _____

Physician's Information

Physician's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____

Hospital of Choice: _____

Address: _____ City _____ State _____ Zip _____ Phone _____

Dentist's Information

Dentist's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____

NOTICE

Town of Mountain Village (TMV) and Mountain Munchkins reserves the right to limit enrollment and/or refuse admittance to any child who, in TMV's sole discretion, does not fit the into the program due to load limitations, age, adaptability or illness. Children showing any signs of an illness (including the common cold) WILL NOT be accepted into this program until the symptoms have subsided. If your child becomes ill during the day, we will make every attempt to contact you so you may pick him/her up. Your cooperation in this matter will help your child have a comfortable stay at the Mountain Village Day care.

Children MUST be picked up by 5:15 p.m. A \$15.00 charge will be added for every 15 minutes (or any part thereof), after 5:15 p.m. which your child remains in the program.

Special Permission

I hereby give "Mountain Munchkins" special permission to apply child friendly sunscreen of at least SPF 30 on my child after 6 months of age before outside play.

Please apply _____ diaper ointment as needed as a preventative measure.

Signature: _____ Date: _____

Mountain Village Day Care/ MOUNTAIN MUNCHKINS
RELEASE OF LIABILITY

READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.

1. I expressly assume all risk associated with _____ (my child) participating in Town of Mountain Village Mountain Munchkins Day care program (the "program"), including without limitation, the risk of bodily injury and other risks associated with playing, sleeping and eating in a child care environment, and going on field trips via walking, snow play. I acknowledge at times that participation in the Program may, at times, be hazardous.

2. In consideration of receiving permission to have my child take part in the Program, I agree to release and hold harmless the Town of Mountain Village, its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively, the Released Parties) from any and all claims I might state as a result of physical injury to my Child, including death, or property damage or loss sustained in connection with the Program, including those claims based on negligence or breach of warranty.

3. I represent that I am the parent/legal guardian of the above named child;

I accept responsibility for all the child's medical expenses incurred in connection with the Program;

I agree to indemnify the Released Parties for any claim brought by the Child; and

I agree to indemnify the Released Parties for any claim brought by a third party arising in connection with the Child.

4. I represent that the Child is in good health, that ALL special instructions regarding the Child have been listed within the registration packet.

5. I authorize the program to call for medical care for the Child or to transport the Child to a medical facility; I agree to pay all costs associated with such medical care or related transportation.

6. I irrevocably grant the program permission to use and own the copyright to any photograph, videotape or other likeness of the Child taken while participating in the Program; such material, including publishing the Child's name, may be used in any medium for any purpose whatsoever.

7. I acknowledge that, under Colorado law (Section 19-10-101. et seq., C.R.S.), Mountain Munchkins is required to report any suspected or observed child abuse or neglect to the proper authorities and it is the policy of Metro to comply with such requirement.

8. This agreement is binding on my estate, heirs, administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING LIABILITY RELEASE, UNDERSTAND IT'S CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF IT'S SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.

Signed on this date: _____

X _____
Signature of Parent/Guardian

Print Name of Parent/Guardian