



THE HERMITAGE

Club

AT HAYSTACK MOUNTAIN

Non-recurring Childcare Registration

Date Enrolled: _____

Child's Full Name:	Date of Birth:	Age:
1.		
2.		
3.		

Parent's Contact Information:

Parent's Name (1):	Parent's Name (2):
Local Address:	Local Address (if different):
Parent Cell:	Parent Cell:
Home Address:	Home Address (if different):
Home Phone:	Home Phone (if different):

Member Family Name or Number: _____

Charge to member account? **Yes** **No**

Pay with credit card? **Yes** **No**

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

Do not need to be local, must be provided. Cannot be a mother or father. In an emergency situation, every effort will be made to contact you/spouse. If you cannot be reached, list the following people who will be expected to assume responsibility for your children.

Name:	Phone Number:	Relationship to Child:
1.		
2. (optional)		

Please list any other adults you authorize to pick up your child:

1.
2.
3.
4.

Your Child's Health:

Child's Physician: _____

City/State: _____ Phone Number: (____) _____

Child 1:	Child 2:	Child 3:
Properly Immunized? Yes / No	Properly Immunized? Yes / No	Properly Immunized? Yes / No
Is your child on medication? Yes / No	Is your child on medication? Yes / No	Is your child on medication? Yes / No

List any allergies or reactions to medications, foods or insect bites (*for each child*) or special needs the staff should be aware of:



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 Hermitage Club 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. I also understand that Vermont state statute requires that the Hermitage Club Childcare report all suspected cases of child abuse or neglect.

Parent/Guardian Signature _____ Date ____/____/____

Please initial the following:

- _____ I have read and understand the Hermitage Club Childcare Health Policy.
- _____ I have read and understand the Hermitage Club Childcare Cancellation/Refund Policy.
- _____ I authorize the childcare staff to apply non-prescription medications and products, ointments, creams, 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.