



Breckenridge Childcare Registration Form

CHILD INFORMATION

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

PARENT INFORMATION

Parent/Guardian 1 Full Name: _____ Cell Phone: _____

Parent/Guardian 2 Full Name: _____ Cell Phone: _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZED PICK UP

List all individuals who are authorized to pick up your child:

ALLERGIES: _____

Has your child ever had an Anaphylactic reaction to this allergen? **YES** **NO**

Allergy Medication Provided: _____

First signs your child is having an allergic reaction: _____ -

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include items your child likes, how to get them to sleep, tricks for soothing your child, etc.

(Parent/Guardian Signature)

Date



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Vail Resorts Child Care Inconsolable policy:

We do everything we can to engage children at our centers and comfort them when they are sad. However, if we feel that we cannot get a child to engage in an activity, the child won't sleep, eat or drink, and is thus inconsolable, we feel it's necessary for them to have one on one care which we can't provide at our centers. We will refund your daily rate and charge you hourly from opening until the time you pick up your child.

I understand that if my child is inconsolably fussy, unhappy, and/or crying for an hour or more, I will need to come pick up my child immediately. **INITIAL:** _____

Breckenridge Late Fee Policy:

I understand that pick up is anytime before 3:30. Failure to pick up my child on time will result in a late fee of \$15.00/QUARTER HOUR INCREMENT. **INITIAL:** _____

Breckenridge Proximity Policy: I acknowledge that by enrolling my child in Guest Care at Breckenridge Resort, it is my responsibility to ensure that I remain in close proximity to get to the facility quickly in the event that my child is sick or inconsolable. I understand that the inability to pick up my child in a timely manner may result in excluding my child from the program in the future. **INITIAL:** _____

Diaper Cream

I have provided diaper cream for my child and I would like the Breckenridge Child Care to apply diaper cream to my child when changing their diaper. **INITIAL:** _____

Child's Name: _____

Parent Name: _____

Signature: _____ Date: _____