



CHILD CARE INFORMATION

Deer Valley Children's Center

Please complete and bring in for check in.

Parents, please check what applies for your child:

- Completely potty trained
- In pull-ups
- In diapers

CHILD'S NAME _____

CHILD'S BIRTHDAY _____

PARENT'S NAME _____

PARENT'S PHONE NO. _____

Out of Area/State Contact (If available)	Relationship to Child	Address	Phone Number

Check if there are no out of area/state contacts available.

• Does your child have known allergies or sensitivities to:

	<u>No</u>	<u>Yes</u>	<u>If Yes, please list:</u>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

• Does your child have any of the following:

	<u>No</u>	<u>Yes</u>		<u>No</u>	<u>Yes</u>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other:	_____	

If 'Yes' to any above, explain: _____

- List any regular medications your child takes: _____
- Is your child up to date on his/her immunizations? No Yes
- What is the name and phone number of your child's doctor: Phone: _____
Name: _____

*** If your child becomes ill, you will be contacted to pick him/her up. ***

The health, safety and well-being of your child are of utmost importance to us. We do plan on taking your child outside for supervised play when our temperature, based on wind speed and relative humidity, ranges between 36° and 79° Fahrenheit. Deer Valley Resort personnel reserve the right to make these decisions at their own discretion based on daily conditions. We ask that you provide proper outdoor attire in order for your child to participate in daily activities.

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INFANTS & LITTLE TOTS (2-18 months)

- When does your child take a nap(s)? _____
- Are there any special things your child likes to have when going to sleep? _____

*** We put infants on their backs to sleep unless otherwise noted above. ***

- When did your child eat last? _____ Next feeding? _____
- Any additional information that will assist our staff in caring for your child? _____

Infants Only (2-11 months)

- Is your infant fed with: Formula Breast milk Both
- If breast fed, will you be coming in to feed your infant? No Yes...When? _____
- Does your infant eat cereal or baby food? No Yes

Little Tots Only (12-18 months)

- Does your child drink from a bottle or a cup? _____
- Does your child drink milk? No Yes
- Are you providing your child's own food? No Yes ...Please explain special eating instructions: _____

BIG TOTS, LITTLE KIDS & BIG KIDS (19 months – 12 years)

- Are there any special things your child likes to have when going to sleep? _____
- Is there any additional information that will assist our staff in relating to your child, such as siblings, pets, favorite toys, songs, etc.? _____

FAWN STUDENTS (3 years)

- Has your child ever skied before? No Yes ...Please give details: _____
- Are there any special things your child likes to have when going to sleep? _____
- Is there any additional information that will assist our staff in relating to your child, such as siblings, pets, favorite toys, songs, etc.? _____

Please sign below.

Parent Signature

Date

Check box to authorize in lieu of signature.