

Saddleback Daycare Registration

Date: _____

Parent's Name: _____ Cell #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Local Address, Condo or Hotel: _____

Town: _____ Phone or Room Number: _____

Emergency Contact: _____ Phone: _____

Child's First Name:

Child Information

Name: _____ Age: _____ Birthdate: _____

Allergies or Other Medical Conditions: _____

Bottle: _____ Times: _____ Pacifier: _____

Own Cup: _____ Diapers: _____

Teething: _____ Potty Training: _____

Nap Times: _____ Special Toy: _____

Are there any particulars you would like to share with the daycare providers that may help with caring for your child? Likes? Dislikes?

Child's Last Name:

----Please Turn Over----

Saddleback Daycare Release Form

Medical:

I give Saddleback Daycare/Ski Patrol permission to seek medical treatment on my child/children in the case of an emergency. I understand that a provider will attempt to contact me immediately following the incident.

Hourly Rate:

I understand that the hourly rate is based on a full hour and I will be charged a minimum of \$15. I also understand that if I am late picking up my child, I will be charged an additional \$15 for ANY fraction of each hour after designated pick-up time.

Ski Lesson:

I give the ski instructor, assigned to my child, permission to remove and return my child to the daycare during their scheduled ski lesson.

Photo Consent:

I give Saddleback Daycare permission to photograph my child/children. I understand these pictures maybe used in places like art activities, wall displays or the Saddleback website. (Please see a daycare staff if you do not want photos taken of your child/children)

Parent's Name: _____

Parent's Signature: _____

Child's First Name: _____

Child's Last Name: _____