

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 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?

----Please Turn Over----

Saddleback Daycare Release Form

Date: _____

Child/Children's Name: _____

Parent's Name: _____

Medical Consent

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.

Parent's Signature: _____

Photo Consent

I give Saddleback Daycare permission to photograph my child/children. I understand these pictures maybe used in places like on a wall display or the Saddleback website.

Parent's Signature: _____