



2017-2018 CUBS DAYCARE REGISTRATION

Child Name _____ Age _____ Birth date _____		
Parent/Guardian Name _____ Birth date _____		
Local Address _____ Local Phone # _____		
Home Address _____ Home Phone # _____		
Emergency Contact <i>What person do we contact in case of an emergency when the parent/guardian is unavailable? This person does not have to be a local or in Vermont.</i>		
State Licensing Regulations require two (2) non-parental contacts		
Name _____ Relationship _____		
Address _____ Phone # _____		
Name _____ Relationship _____		
Address _____ Phone # _____		
Pick-up <i>What additional person has written permission from the admitting parent/guardian to pick up this child?</i>		
Name _____ Relationship _____		
Address _____ Phone # _____		
Physician Name _____ Phone # _____		
Does your child have any specific needs we should know about? (If Yes, please describe allergy, reaction and/or procedure to follow in case of reaction)		
	Yes	No
Are your child's immunizations up-to-date?		
	Yes	No
Does your child have any emotional or physical difficulties? (If Yes, please describe)		
	Yes	No
I grant Stowe Mountain Resort and its employees/agents permission to act in my stead in the event that my child is injured and/or requires medical attention, and may consent to and/or provide such care. Yes No		

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I hereby consent to agree to allow my child to participate in all the activities at the Cubs Daycare program. These activities may include but are not limited to outdoor winter play and sports, indoor climbing, arts, dance, group and independent play. I have read, understood, agree with and signed the Express Assumption of Risks and Forum Selection Agreement on the back of this form.

Parent/Guardian Signature _____ Date _____

Cell Phone # _____

I do not consent to allow my child to participate in winter sports activities.

Parent/Guardian Signature _____ Date _____

EXPRESS ASSUMPTION OF RISKS AND FORUM SELECTION AGREEMENT

I am the parent/guardian of the minor child whose name is printed below and I have the authority to enter this child into the Cubs Daycare program.

I have provided, to the best of my knowledge, the Cubs Daycare program with any and all essential emergency information for the child named below.

I consent and agree to allow my child to participate in all the activities at the Cubs Daycare program. These activities may include but are not limited to outdoor winter play and sports, indoor climbing, arts, dance, group and independent play. The risks inherent in these activities include but are not limited to hazards such as falls or burns, resulting in minor injuries such as scratches, bruises, sprains and embarrassment; major injuries such as joint or back injuries, head injuries and psychological trauma; and catastrophic injuries resulting in paralysis or death.

In view of all the foregoing, I agree that I will not, nor will my child make any claim or bring any suit for damages, harm or injury to him/her or me which results from any such inherent risks of this daycare program, and I likewise agree to indemnify and hold harmless Mt. Mansfield Company, Inc., d.b.a. Stowe Mountain Resort (hereinafter "SMR"), or any of its owners, officers, directors, agents or employees from any claims arising out of my child's participation in the Cubs Daycare program or from his/her presence on these premises.

I also agree that any dispute arising from this contract and/or from any use of any facilities at SMR shall be litigated exclusively in the Superior Court of Lamoille County, Vermont, or U.S. District Court of Vermont.

I acknowledge that I have read, understand and agree with the terms of this Express Assumption of Risks and Forum Selection Agreement and that I am signing it freely and of my own accord and that the terms of this contract state that I expressly assume all risk of injury and/or death or damage resulting from my child's participation in the Cubs Daycare program.

Parent/Guardian Legal Signature

Date

Print Name of Child

Cubs Child Information Sheet

Child's Name: _____ Date of Birth: _____

Today's Date: _____ Cell Phone: _____

Scheduled Days: _____

Please CIRCLE What Best Suits Your Child:

Does your child have any allergies	No	Yes	Allergic to: _____
Can your child go outside?	No	Yes	
What does your child drink? Water	Milk	Formula	Breast Milk
What does your child eat?	Finger Food	Puree/Baby Cereal	No food
Does your child use?	Potty	Pull-ups	Diapers
Do you use ointment?	No	Yes (must provide your own)	
Do you use sunscreen?	No	Yes (must provide your own)	

Additional Information:

What soothes your child? Does your child use a special comfort item?

Instructions on how you put your child to sleep? _____

Any other useful information? _____

Please Complete If You Have An Infant:

How many ounces per bottle?	_____
Number of Bottles per day	_____
Times to give bottles?	_____
Temperature of bottles?	Heated Room Temperature Cold
Temperature of baby food?	Heated Room Temperature Cold
Times to feed?	_____
Nap Times?	_____