

# Mount Snow Child Care

## Center Based Childcare Admission Packet

**CHILD CARE STAFF USE ONLY**

**ENROLLMENT DATES:**

Enrollment Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Update: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

(Initial) 1yr 2yr 3yr 4yr

**THIS CHILD IS ENROLLED IN:**

Recurring Child Care

Non- Recurring Child Care

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ My child expects to regularly attend (enter hrs. /day): | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |  
M T W TH F

### Parent/Guardian Information

Parent/ Guardian 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
(Complete if different than the child's)

Parent/ Guardian 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
(Complete if different than the child's)

Are there any persons who have court ordered custody and or visitation arrangements?  No  Yes (if yes, please explain)

\_\_\_\_\_ (copy of court orders required on file)

### Emergency Contact Information

Persons other than the Parents/Guardians – Required to designate two contacts

Emergency Contact 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Persons other than those listed above who are authorized to pick up the child from the center:

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

\_\_\_\_\_ Initial

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## Health Care Provider Information

Primary Health Care Provider: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Dental Care Provider (if applicable): \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Health and Medical History

Does your child have any known allergies?  No  Yes (if yes, list allergies) \_\_\_\_\_

Is your child prescribed any medications, including those used for emergency situations?  No  Yes (if yes, list medications)

Does your child have any special medical, developmental, emotional, or educational needs?  No  Yes (if yes, please list needs)

Does your child have any existing illnesses or injuries?  No  Yes (if yes, please list) \_\_\_\_\_

Has your child previously experienced any serious illnesses, injuries, or surgeries?  No  Yes (if yes, please list) \_\_\_\_\_

\_\_\_\_ (Initial) The undersigned agrees that within 45 days of their child's first day of enrollment, to submit documentation of their child's age appropriate annual physical as provided by their primary care provider which may include information regarding health conditions and medications that may impact the care of their child. *(Children attending on a non-recurring basis are exempt from submitting a well care exam)*

\_\_\_\_ (Initial) The undersigned agrees to submit their child's immunization record which includes the name and date of each immunization administered, AND agrees to update the immunization record after each new immunization has been received; OR Submit a Vermont Department of Health approved exemption document; OR submit the required Vermont Department of Health Form if their child is in the process of complying with immunization requirements in accordance with the Vermont recommended immunization schedule. *(Children attending on a non-recurring basis are exempt)*

\_\_\_\_ (Initial) The undersigned agrees that they have been offered and/or received the Mount Snow Child Care Family Handbook and agrees to abide by the policies therein. If at any time the undersigned has any questions regarding The Mount Snow Child Care Family Handbook and/or its policies he/she agree to inquire of the Mount Snow Child Care Director.

\_\_\_\_ (Initial) The undersigned understands Mount Snow Child Care allows agencies, organizations, services, or individuals including but not limited to, The Department of Children and Families, Primary Care Physicians, Pediatricians, Therapists, Children Integrated Services, and Reach Up, to be present in the center at any time.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## RELEASE/HOLD HARMLESS, INDEMNIFICATION & FORUM SELECTION AGREEMENT

*(Please Read Carefully & Complete the Shaded Areas)*

**WARNING! There are many inherent and other risks involved in children's activities such as those enjoyed in the Mount Snow Child Care (herein "Child Care") including but not limited to: skiing, snow play, hiking, biking, swimming, water play, playground activities and chairlift rides, with some of these activities taking place during off premises field trips.**

I understand and accept that Child Care activities at Mount Snow can be hazardous with many inherent and other risks such as falls, collisions, and snow or water related incidents resulting in injuries or death. Therefore in consideration of allowing my child to enroll in Child Care and to access Mount Snow's premises, at a discounted rate in order that he/she may enjoy these activities, I **Release and Hold Harmless** Mount Snow Ltd., and its owners, officers, directors, shareholders, agents and employees ("Mount Snow") from any and all liability for personal injury including death along with property damage from any alleged negligence in the operation of the Mount Snow Child Care program.

I freely and willingly accept and voluntarily assume all risk of property damage, personal injury, or death which results from my child's participation in such Child Care activities and the inherent and other risks of such activities as they are defined herein.

I further agree that the phrase "inherent and other risks" means those risks which are listed in this agreement, or those that can reasonably be inferred therefrom. I also agree that these risks are both obvious and necessary to the Child Care activities at Mount Snow and are not limited to those listed in the **Warning** above.

I also agree, that in the event that anyone makes a claim against Mount Snow, arising out of any of my child's activities on their premises or the use the facilities, that I will **indemnify and hold harmless** Mount Snow from such claims.

**I further agree that any dispute arising under this contract and/or from use of any of the premises or facilities at Mount Snow shall be litigated exclusively in the Superior Court of Windham County, Vermont, or the U.S. District Court for the District of Vermont.**

I agree that this contract may also be plead as an affirmative defense to any claim that I might make as a result of any damage, injury, and/or death which my child may sustain arising from his/her participation in and/or caused by the risks of Child Care activities. I further agree that this contract is binding upon me, my heirs and assigns. To the extent that I am signing this document on behalf of any minor, I represent and guarantee that I have full authority to do so realizing the full binding effect of this contract on my child as well as on myself. I acknowledge that I understand and agree with the terms of this contract and that I am signing it freely without coercion. I also agree that my child shall abide by the terms of any rules of conduct employed by Mount Snow.

I agree that if any portion of this agreement is deemed unenforceable all other parts shall remain in full force and effect.

\_\_\_\_\_  
Participant's name (please print)

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### AUTHORIZATION FOR MEDICAL CARE

I hereby authorize a childcare provider of Mount Snow Childcare or Mount Snow Rescue staff member to be responsible for my child \_\_\_\_\_, for the purpose of medical attention, including transportation as deemed necessary. I also grant permission for an emergency care provider to examine and treat, hospitalize or secure treatment for my child in the event of an emergency. I understand that despite my permission, medical providers may or may not comply with my wishes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## Permission Agreements

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ (Initial) **WATER PLAY, WADING, AND SWIMMING PERMISSION**

I hereby authorize my child to participate in water play, wading, and/or swimming as part of regularly scheduled programming.

\_\_\_\_ (Initial) **SEVT d/b/a MOOver TRANSPORTATION PERMISSION**

The undersigned hereby grants Mount Snow Child Care Staff the right and authority to permit my child to participate in activities that utilize transportation via the MOOver, and understands that the MOOver is not affiliated with Mount Snow LTD.

\_\_\_\_ (Initial) **PHOTOGRAPHIC RELEASE**

The undersigned hereby grants, releases and quitclaim to Mount Snow the right and authority to use, sell, reproduce, and distribute the minor participant's photographs, likeness, recorded voice or videotaped filmed appearances for promotional purposes or programs as Mount Snow in its sole discretion shall deem appropriate. The undersigned hereby promises to make no claim or cause of action related to participant's likeness by Mount Snow.

(Initial) **I do not** authorize Mount Snow the right to use participant's photograph or the like.

\_\_\_\_ (Initial) **PACIFIER IN CRIB PERMISSION**

The undersigned hereby grants permission for Mount Snow Child Care Staff the right and authority to place my child in a crib or port-a-crib WITH a pacifier that does not have a cord or clip.

(Initial) **I do not** authorize Mount Snow Child Care Staff to allow my child to be placed in a crib with a pacifier.

\_\_\_\_ (Initial) **SUNSCREEN APPLICATION PERMISSION**

The undersigned hereby grants permission for Mount Snow Child Care Staff to apply non-aerosol sunscreen lotion on my child that I provide to my child or if none is provided, staff is allowed to apply non-aerosol sunscreen lotion on my child.

(Initial) **I do not** authorize Mount Snow Child Care Staff to apply any sunscreen on my child.

\_\_\_\_ (Initial) **INSECT REPELLENT APPLICATION PERMISSION:** The undersigned hereby grants and releases Mount Snow Child Care Staff the right and authority to apply non-aerosol insect repellent that I provide to my child or none was provided, staff is allowed to apply repellent on my child.

(Initial) **I do not** authorize Mount Snow Child Care Staff to apply any insect repellent on my child.

\_\_\_\_ (Initial) **NON-PRESCRIPTION DIAPER OINTMENT APPLICATION PERMISSION**

The undersigned hereby grants and releases Mount Snow Child Care Staff the right and authority to apply non-prescription diaper ointment that I provide to my child or if none was provided, staff is allowed to apply any diaper ointment on my child.

(Initial) **I do not** authorize Mount Snow Child Care Staff to apply any diaper ointment on my child.

**The undersigned agrees if they later rescind any of the aforementioned permission agreements as noted above, they will promptly notify Mount Snow Child Care in writing of their intent to rescind such permission.**

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date