

## Registration Procedure



Mt. Hood Meadows Daycare Hours are 9:00am-4:00pm with extended care options from 7:00am to 5:00pm

Mt. Hood Meadows is a State Certified Child Care Center in Oregon.

- Please read and complete the forms. A separate registration packet must be filled out for each child. In addition to our forms, each child must provide their complete vaccination record or their exemption status form.
- At least one Parent/Guardian must remain within an hour drive from Mt. Hood Meadows Property while their child(ren) are in our care.
- At the time of registration, child and parent ID wristbands will be issued as means of official identification. Authorized persons only will be allowed in the childcare area.
- Payment is due each day at drop-off time- Preschool Campers will pay for their week either in advance over the phone or on the first day of their program.
- Your child will **only** be released to the person wearing the ID wristband, unless otherwise instructed and with picture identification.
- It is a good idea to have all of their belongings labeled with their name to prevent loss. Items will be placed in our Lost & Found and then thrown away or donated.
- After you have signed in at the desk, you and your child will be directed to the activity room where you will be greeted by a caregiver and assigned a cubby for the length of your child's visit.
- To transition into our care, we ask that you assist your child in using the restroom or change their diaper before you leave. All children must wash their hands when they enter the activity room.
- Please introduce your child to the teacher, say goodbye, give a kiss/hug/high five, and go have a great time! The more confident and swift your departure the better- kids can sense when you are worried. If you have worries or apprehensions please feel free to ask to speak with the Daycare Supervisor or Lead Teacher in the lobby.
- You are welcome to stop in for short visits at any time. Please keep in mind that children can usually only say goodbye once. We do not allow guardians to stay in the room longer than a few minutes because we are drop-in care and it can be confusing to the other children as to who the teachers are.
- All visitors must check in at the front desk and anyone who is not a parent/guardian or authorized daycare team member will be required to sign in and be with an escort for their visit. They are not to have unsupervised access with the children.
- Each of our Team are Members of the Criminal Records Registry in Oregon.
- You can check your child out for lunch, but we cannot let you join us for lunch. Nursing mothers may come in to nurse at any time, or sign their child out to nurse where they are most comfortable. There is a nursing room available in the first floor restroom of the South Lodge.

### Check-out Procedure:

- Check in at the front counter and sign your child out on the clipboard you signed them in on.
- Show your ID wristband to the staff person- ID wristbands must still be on your wrist or photo ID will be necessary.
- After you have signed your child out you may proceed to the activity room to meet your child.

# Infant General Information Form

Last Name:

Child's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Preferred Name (if different): \_\_\_\_\_ Child's Pronouns: \_\_\_\_\_  
Ex: He/She/They His/Hers/Theirs

Parent/Guardian Name: \_\_\_\_\_

Does your child have any **ALLERGIES?**: \_\_\_\_\_

**Special Needs?:** \_\_\_\_\_

Please list any information concerning your child which will help us give better care:

**Nursing:** What times will you be nursing: \_\_\_\_\_

Will you be nursing in the daycare center or taking your child out to nurse: \_\_\_\_\_

**Bottles:** What are the amounts and times: \_\_\_\_\_

Bottes Warmed? \_\_\_\_\_ How many bottle feedings? \_\_\_\_\_

**Food:** Is your child eating solid food? \_\_\_\_\_ What types? \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Amounts & Schedule: \_\_\_\_\_

**Sleep:** Please note we put all infants to sleep on their backs and we do not swaddle.

What are their nap times and sleep habits? \_\_\_\_\_

What is your usual routine for putting to sleep? \_\_\_\_\_

**Diapering:** Diapering instructions: \_\_\_\_\_

Does your child: Speak? \_\_\_\_\_ Sit Up? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

Child's likes and dislikes: \_\_\_\_\_

How do you comfort your child when upset? \_\_\_\_\_

Special words and their meanings? \_\_\_\_\_

## Permission for non-prescription medication and instructions:

All non-prescription medication must be supplied by the parent.

Will your child wear sunscreen? \_\_\_\_\_ Directions for use: \_\_\_\_\_

Will your child need diaper ointment? \_\_\_\_\_ Directions for use: \_\_\_\_\_

Will your child need teething gel or tablets? \_\_\_\_\_ Directions for use: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Infant Daily Schedule for : \_\_\_\_\_

Please use this page to show us your child's daily schedule. This ensures our teachers can follow your schedule to the best of their abilities and meet your expectations. We offer three columns in anticipation that your child's schedule may change through the season. This schedule will be posted in their classroom so please update as often as needed. Thank you!

Last Name:

Schedule as of:	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
7:30			
8:00			
8:30			
9:00			
9:30			
10:00			
10:30			
11:00			
11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			
3:00			
3:30			
4:00			
4:30			

Notes:

# Enrollment Information & Authorization

## Child's Name:

Please give first and last (legal) name of person(s) authorized to pick up your child? Include yourself: \_\_\_\_\_

Daycare employees will ask for identification of adults asking to pick up children. The name on the ID must match the name(s) given above.

## Permission is Given to Mt. Hood Meadows Daycare Center for the following checked items:

- My child may be photographed for an activity report.
- My child may be photographed for classroom display and publicity purposes.

## Emergency Treatment Authorization (choose one):

- In an emergency, Mt. Hood Meadows Daycare Center has my permission to take my child to Emergency Services at my expense.

-OR-

- In an emergency, Mt. Hood Meadows Daycare Center has my permission to obtain medical treatment for my child except for these restrictions (list if applicable):

\_\_\_\_\_  
\_\_\_\_\_

## LIABILITY RELEASE

I release Mt. Hood Meadows and its owners, partners, employees, directors, officers, and agents ("Meadows") from any liability, for injury or death, or property damage that may occur to my child while at the Daycare Center or while participating in any snow related activities or any use of Meadows facilities, premises, or services, whether due to negligence or any other legal theory of recovery, except claims based upon willful or intentional misconduct. I accept full responsibility for all medical expenses incurred as a result of the minors participation in the Daycare Center's activities, including travel and any of its officers, owners, agents, officials, and volunteer workers for any damages, injuries, or death sustained by \_\_\_\_\_ (child's name) or for which he or she may be liable to other persons. If any part of this contract is determined to be unenforceable for any reason or in any circumstances, it is intended that all other terms will be enforced in all other circumstances. All disputes between myself and Meadows arising from my child's participation in the Daycare Center Program or any other use made by my child of the premises, facilities, or services of Meadows, including claims for property damage, personal injury, and/or death will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Hood River County, Oregon.

Parent or Guardian Name (please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name:

# Emergency Care for your Child

Full Name of Child: \_\_\_\_\_

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

Parent/Guardian Email Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_  
Month Day Year

Allergies or Chronic Problems (examples include asthma, allergy to penicillin, heart murmur...):  
\_\_\_\_\_  
\_\_\_\_\_

List Medication the child is taking: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Coverage:

Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

**\*\*Name(s) and Phone Number(s) of Parent/Guardian- Where they can be reached\*\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the Emergency Department of Providence Hood River Memorial Hospital or other acute care facility to administer such examinations, diagnostic and medical treatment or surgery as may be necessary or advisable for the health and well-being of my child.

For this reason it's important to have health information on each of your children readily available for relatives, babysitter, school personnel and others who may be present when an accident occurs.

Providence Hood River Memorial Hospital will keep this form on file and a copy will be retained at your child's school. Our Emergency Department staff will make every effort to reach you if your child is brought in for treatment. With this information and authorization readily available, your child will be able to receive proper treatment as efficiently as possible.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorization for medical and/or surgical treatment and hospital service is valid for one (1) year from date of signature.