



**LOVELL CAMPS**  
GSTAAD

**Kids Club Registration Form**  
(2 - 5 years old)

CHILD'S NAME: \_\_\_\_\_

Birth date: \_\_\_\_\_

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Mobile Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

EMERGENCY Name: \_\_\_\_\_

CONTACT (Local or Phone: \_\_\_\_\_  
long distance):

PERSONS AUTHORIZED TO Name: \_\_\_\_\_  
PICK CHILD UP:

(Children will only be released to the Name: \_\_\_\_\_  
people listed. Authorized persons must  
be over 18 )

I give my permission for my child Have a staff member apply sunscreen:  
to: (Please check) (Please provide your own, if not Kids Club will apply  
creams/sunscreens that are suitable for children.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

PERSONS AUTHORIZED TO  
PICK CHILD UP:

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

(Children will only be released to the  
people listed. Authorized persons must  
be over 18 )

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

**DURATION OF STAY**

Exact dates: \_\_\_\_\_

Please check your preferred option below:

Mornings only:

Mornings with lunch:

Afternoons only:

Afternoons with lunch:

Full day

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my physician or to take my child to the nearest hospital.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Tell Us About Your Child

CHILD'S NAME: \_\_\_\_\_

Has your child ever been in a daycare setting before? Yes \_\_\_\_ No \_\_\_\_

Are there any special anxieties about daycare?

Please explain:

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Things my child likes to do: \_\_\_\_\_  
(read stories, swings, building with blocks, play house, play with cars, colouring, etc.)

My child can eat anything except: \_\_\_\_\_

He/she is ALLERGIC to: \_\_\_\_\_  
(Food, Drug, Environmental)

The reaction to these allergies is: \_\_\_\_\_

The course of treatment for these reactions is: \_\_\_\_\_

Nap time is a very important part of my child's day. Yes \_\_\_\_ No \_\_\_\_

My child usually naps at \_\_\_\_\_(am/pm) for \_\_\_\_\_hrs

My child's favourite security items are: \_\_\_\_\_

My child is comforted by: \_\_\_\_\_

Any additional information that may be helpful:

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Describe any current physical, mental, or psychological conditions that require any medication, treatment, or special restrictions/considerations while at Kids Club:

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Does your child have any of the following:

Asthma \_\_\_\_ Behavior Problems \_\_\_\_ Diabetic \_\_\_\_  
Epileptic \_\_\_\_ Hearing Impairment \_\_\_\_ Hyper/hypo-activity \_\_\_\_  
Learning Disability \_\_\_\_ Motor Coordination Problems \_\_\_\_ Visual Impairment \_\_\_\_

Please explain:

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Is your child taking any MEDICATION? Yes \_\_\_\_ No \_\_\_\_

Please list all medications, dosage and times given

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Is your child potty trained? \_\_\_\_\_

Suggestions on how we might assist your child in this area:

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