



Skier? _____(office only)



Lovell Camps Kids Club Registration Form

(2 years through 5 years)



Please Circle:

Boy

Girl

Family Name: _____

First Name(s): _____

Birth date: _____

Nationality: _____

First Language _____

Second Language(s) _____

Parent Name(s): _____

Mailing Address:

Street: _____

Postal Code / City: _____

Country: _____

Telephone Number(s): _____

Mobile Number(s): _____

Email Address: _____

**EMERGENCY
CONTACT**

(Local or long distance):

Name: _____

Phone: _____

PERSONS AUTHORIZED TO PICK CHILD UP: Name: _____

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

Name: _____

DURATION OF STAY

Attendance Dates: _____

(Full duration of stay - please be aware that Kid's Club runs from Tuesday to Sunday and is **closed on Monday.**)

Please check your preferred option below:

- Mornings only:
- Mornings with lunch:
- Afternoons only:
- Afternoons with lunch:
- Full day

Ski lessons: Yes

(Optional Cost @ CHF 60/lesson) No

List any ski levels achieved and any helpful information on skiing: _____

I give my permission for my child to: (Please check)

1) Go outside with Kids Club with a staff member:
Yes _____ No _____

2) Have a staff member apply sunscreen:
(Please provide your own, if not Kids Club will apply creams/sunscreens that are suitable for children.)
Yes _____ No _____

3) Diaper cream and/or other ointments:
Yes _____ No _____

4) Go skiing with a ski instructor:
Yes _____ No _____

Preferred Physicians Name: _____
(only if local)

Physicians Telephone: _____
(only if local)

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

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

Are there any special anxieties about daycare? (Please explain)

If signed up for skiing:

Has your child been skiing before? Yes ____ No ____

Are there any special anxieties or details you can share about skiing?

Things my child likes to do: _____
(Read stories, swing, build with blocks, play house, play with cars, color, etc.)

Foods he/she likes to eat: _____

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

*Please note if nap times are still adjusting to Central European Time Zone. _____

My child's favourite security items are: _____

My child is comforted by: _____

Any additional information that may be helpful:

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

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:

Is your child taking any MEDICATION? Yes ____ No ____

Please list all medications, dosage and times given

My child's potty training can best be described as:

Completed ____ Needs to be reminded ____ Just beginning ____ N/A ____

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