



2023-2024 CUBS CHILD CARE REGISTRATION

Child Name _____ Age _____ Birth date _____

Parent/Guardian Name _____ Birth date _____

Local Address _____ Local Phone # _____

Home Address _____ Home Phone # _____

Email Address _____

Emergency Contact: *What person do we contact in case of an emergency when the parent/guardian is not available? This person does not have to be a local or in Vermont.*

****State Licensing Regulations require two (2) non-parental contacts****

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Pick-up: *What additional person has written permission from the admitting parent/guardian to pick up this child?*

Name _____ Relationship _____

Address _____ Phone # _____

Physician Name _____ Phone # _____

Does your child have any specific needs or allergies we should know about? <i>(If Yes, please describe allergy, reaction and/or procedure to follow in case of reaction)</i>	Yes	No
Are your child's immunizations up-to-date?	Yes	No
In order for teachers to provide the best possible experience at Cubs Child Care, it is important to know if your child has any emotional or physical difficulties. <i>(If Yes, please describe)</i>	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, this includes consent to the use of emergency transportation.	Yes	No

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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? Do they prefer a mat or a crib?

Any other useful information? Has your child attended a day care before today's visit? Any special needs?

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?	_____

