

CHILD CARE INFORMATION FORM

Date of Enrollment _____ School _____

Child's Name _____ DOB _____ Age _____ Grade (2019-2020) _____

Guardian/Mother's Name _____

Cell # _____

Work # _____

Name of & Work Address _____

Email: _____

Guardian/Father's Name _____

Cell # _____

Work # _____

Name of & Work Address _____

Email: _____

EMERGENCY CONTACT NUMBERS

(Please list contacts other than parents/guardians)

Name _____ Address _____

Relationship _____ Phone # _____

Name _____ Address _____

Relationship _____ Phone # _____

Name _____ Address _____

Relationship _____ Phone # _____

MEDICAL INFORMATION

Family Doctor (Name/Address/Phone) _____

Dentist (Name/Address/Phone) _____

Please list all allergies, medical restrictions, medications, operations or chronic medical problems.

Hospital of choice (Address/Phone) _____

PICK-UP AUTHORIZATION OTHER THEN PARENT/GUARDIAN

Name_____

Relationship_____ Phone #_____

Name_____

Relationship_____ Phone #_____

Name_____

Relationship_____ Phone #_____

***Please let staff know when someone other than parent is going to pick-up your child. Thank you.**

In case of serious illness or injury when neither parent can be reached will you allow your child to be transported to the doctor or hospital by an employee and/or an Emergency Contact Person listed above
Y___N___

I hereby give permission to Parks and Recreation Staff to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the Gametime Program and that all expenses of such procedures/care will be accepted by the parent(s)/guardian(s). In the event that I, the above listed emergency contact person(s), or the listed family physician cannot be reached in an emergency, I hereby give my permission to the physician selected by Durango Parks and Recreation staff to hospitalize and secure proper treatment.

I feel my child is/are in good health, except as noted by me, and will not have any problem attending and participating in all the Gametime Program activities.

I was given, read and understand Gametime payment plan and fees. I was given, read and understand Gametime Policy & Procedures and Registration Form. I have discussed these expectations with my child and we agree to abide by these policies.

X

Parent Signature

Date

Sun Screen Permission Slip

Your child's Gametime child care provider will assist with applying sunscreen to bare surfaces, including the face, tops of ears, bare shoulders, arms, legs, and feet, 15-30 minutes before outside activities. Sunscreen will not be applied to any broken skin or if a skin reaction is observed. Any skin reactions observed by the staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum of SPF 15.

- In the event that my child's sunscreen is not readily available or has been lost by my child, he/she may use the sunscreen provided by Gametime.
- I do not want my child to use any sunscreen other than the one I have provided for my child.

Field Trip Permission Slip

My child has my permission to go on all field trips offered by Durango Parks and Recreation and to be transported via bus, mini bus or van. I have read and understand the field trip calendar. I feel my child is in good health and will not have any problems attending the Durango Parks and Recreation programs field trips. I waive and release all rights and claims for damages I or my child may have against Durango Parks and Recreation and its representatives/employees for all injuries suffered at the designated activity. The city uses a 15 passenger mini bus, 7 passenger mini vans, and 9-R school district buses. Gametime Staff members with valid driver's licenses will drive vans and mini buses, and only 9-R certified CDL licensed drivers will drive school buses.

Movie Permission Slip

I give permission for my child to view G and PG movies at Gametime. All movies will be appropriate for all ages. If you do not allow a specific movie please let your child's director know. If you do not allow your child to watch movies please let your director know and other activities will be offered.

- I DO allow my child to watch appropriate movies at Gametime
- I **DO NOT ALLOW** my child to watch movies. Please provide an alternative activity.

Please sign below to acknowledge you have read and accept the terms above.

Signature of Parent or Guardian

Date