

**CHILD CARE INFORMATION FORM**

**\*ALL sections of this packet MUST be completed prior to attendance\***

Date of Enrollment \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade (2020-2021) \_\_\_\_\_

**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) \_\_\_\_\_

Hospital of choice (Address/Phone) \_\_\_\_\_

Please list all allergies, medical restrictions, medications, operations, or chronic medical conditions:

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Please list any special needs, requests, personal preferences, or specific items the child requires:

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### **PICK-UP AUTHORIZATION OTHER THAN 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!**

### **Medical Transport & Treatment**

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**

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*Parent Signature*

*Date*

## **Sunscreen Permission Slip**

Your child's Gametime Leader 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. If desired, it is the parent's responsibility to provide sunscreen with a minimum of SPF 15, and it must have the child's name written clearly on the outside. We provide Rocky Mountain Brand, Broad Spectrum, Hypoallergenic Sunscreen, SPF 50 (no oxybenzone, no gluten, no octinoxate, no parabens).

- Yes; my child may use the sunscreen provided by Gametime.
- No; my child may NOT use any sunscreen other than the one I have provided.

## **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, minibus, 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 minibus, 7 passenger mini vans, and 9-R school district buses. Gametime Staff members with valid driver's licenses will drive vans and minibuses, and only 9-R certified CDL licensed drivers will drive school buses.

- Yes; I give permission for my child to attend Gametime Field Trips.
- No; I do not give permission for my child to attend Gametime Field Trips.

## **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.

- Yes; I allow my child to watch appropriate movies at Gametime.
- No; I do NOT allow my child to watch movies. Please provide an alternative activity.

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

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Signature of Parent or Guardian

Date