

Mt. Hood Meadows Daycare

Registration Packet

Mt. Hood Meadows Daycare hours vary depending on the season (winter, summer, & shoulder seasons). Please inquire for current hours.

Mt. Hood Meadows is a State Certified Child Care Center in Oregon.

Before Care:

- Please read and complete the forms. A separate registration packet must be filled out for each child. In addition to our forms, each child must provide their complete vaccination record or their exemption status form.
- At least one Parent/Guardian must remain within an hour drive from Mt. Hood Meadows Property while their child(ren) are in our care.
- It is a good idea to have all of their belongings labeled with their name to prevent loss. Items will be placed in our Lost & Found and then thrown away or donated.
- Each of our team are members of the Criminal Records Registry in Oregon.

Sign-in & Drop-Off Information:

- At the time of registration, child and parent ID wristbands will be issued as means of official identification. Authorized persons only will be allowed in the childcare area.
- Payment is due each day at drop-off time- Preschool Campers will pay for their week either in advance over the phone or on the first day of their program.
- After you have signed in at the desk, you and your child will be directed to the activity room where you will be greeted by a caregiver and assigned a cubby for the length of your child's visit.
- To transition into our care, we ask that you assist your child in using the restroom or change their diaper before you leave. All children must wash their hands when they enter the activity room.
- Please introduce your child to the teacher, say goodbye, give a kiss/hug/high five, and go have a great time! The more confident and swift your departure the better- kids can sense when you are worried. If you have worries or apprehensions please feel free to ask to speak with the Daycare Supervisor or Lead Teacher in the lobby.
- You are welcome to stop in for short visits at any time. Please keep in mind that children can usually only say goodbye once. We do not allow guardians to stay in the room longer than a few minutes because we are drop-in care and it can be confusing to the other children as to who the teachers are.
- All visitors must check in at the front desk and anyone who is not a parent/guardian on the child's paperwork or an authorized daycare team member will be required to sign in and be with an escort for their visit. They are not to have unsupervised access with the children.

Check-out Information:

- Check in at the front counter and sign your child out on the clipboard you signed them in on.
- Show your ID wristband to the staff person- ID wristbands must still be on your wrist or photo ID will be necessary. Your child will **only** be released to the person wearing the ID wristband, unless otherwise instructed and with picture identification.
- You can check your child out for lunch, but we cannot let you join us for lunch. Nursing parents may come in to nurse at any time, or sign their child out to nurse where they are most comfortable. There is a nursing room available in the first floor restroom of the South Lodge.
- After you have signed your child out you may proceed to the activity room to meet your child.

Infant General Information Form

Child's Legal Name: _____ Birthdate: _____

Child's Preferred Name & Pronunciation: _____ Child's Pronouns: _____
Ex: He/She/They His/Hers/Theirs

Does your child have any **ALLERGIES?**: _____ Allergy Care Form Complete
Special Needs?: _____ Special Needs Care Form Complete
Please list any information concerning your child which will help us give better care:

Nursing: What times will you be nursing: _____
Will you be nursing in the daycare center or taking your child out to nurse: _____

Bottles: What are the amounts and times: _____
Bottles Warmed? _____ How many bottle feedings? _____

Food: Is your child eating solid food? _____ What types? _____
Dietary Restrictions: _____
Amounts & Schedule: _____

Sleep: Please note we put all infants to sleep on their backs and we do not swaddle.
What are their nap times and sleep habits? _____

What is your usual routine for putting to sleep? _____

Diapering: Diapering instructions: _____

Does your child: Speak? _____ Sit Up? _____ Crawl? _____ Walk? _____
Child's likes and dislikes: _____

How do you comfort your child when upset? _____

Special words and their meanings? _____

Permission for non-prescription medication and instructions:

All non-prescription medication must be supplied by the parent. Medication Form Complete

Will your child wear sunscreen? _____ Directions for use: _____
 Use child's personal sunscreen

Will your child need diaper ointment? _____ Directions for use: _____

Will your child need teething gel or tablets? _____ Directions for use: _____

Parent Name (Printed): _____

Parent Signature: _____

Date: _____ *For infants we recommend an updated form every 2 months

Completed Parental Expectation Forms:

(Not required unless more info is needed)

- Toileting (N/A for Infants/Toddlers)
- Medication
- Special Care
- Allergy Care
- Contracted Services/Outings
- Face Coverings (N/A < 24 months)

Last Name:

Infant Daily Schedule for : _____

Please use this page to show us your child's daily schedule. This ensures our teachers can follow your schedule to the best of their abilities and meet your expectations. We offer three columns in anticipation that your child's schedule may change through the season. This schedule will be posted in their classroom so please update as often as needed. Thank you!

Last Name:

Schedule as of:	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
7:30			
8:00			
8:30			
9:00			
9:30			
10:00			
10:30			
11:00			
11:30			
12:00			
12:30			
1:00			
1:30			
2:00			
2:30			
3:00			
3:30			
4:00			
4:30			

Notes:

Enrollment Information & Authorization

Child's Name:

Please give first and last (legal) name of person(s) authorized to pick up your child? Include yourself: _____

Daycare employees will ask for identification of adults asking to pick up children. The name on the ID must match the name(s) given above.

Permission is Given to Mt. Hood Meadows Daycare Center for the following checked items:

- My child may be photographed for an activity report.
- My child may be photographed for classroom display and publicity purposes.

Emergency Treatment Authorization (choose one):

- In an emergency, Mt. Hood Meadows Daycare Center has my permission to take my child to Emergency Services at my expense.

-OR-

- In an emergency, Mt. Hood Meadows Daycare Center has my permission to obtain medical treatment for my child except for these restrictions (list if applicable):

LIABILITY RELEASE

I release Mt. Hood Meadows and its owners, partners, employees, directors, officers, and agents ("Meadows") from any liability, for injury or death, or property damage that may occur to my child while at the Daycare Center or while participating in any snow related activities or any use of Meadows facilities, premises, or services, whether due to negligence or any other legal theory of recovery, except claims based upon willful or intentional misconduct. I accept full responsibility for all medical expenses incurred as a result of the minors participation in the Daycare Center's activities, including travel and any of its officers, owners, agents, officials, and volunteer workers for any damages, injuries, or death sustained by _____ (child's name) or for which he or she may be liable to other persons. If any part of this contract is determined to be unenforceable for any reason or in any circumstances, it is intended that all other terms will be enforced in all other circumstances. All disputes between myself and Meadows arising from my child's participation in the Daycare Center Program or any other use made by my child of the premises, facilities, or services of Meadows, including claims for property damage, personal injury, and/or death will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Hood River County, Oregon.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ Date: _____

Last Name:

Emergency Care for your Child

Full Name of Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Email Address: _____

Child's Date of Birth: ____/____/____ Date of last Tetanus Shot: _____
Month Day Year

Allergies or Chronic Problems (examples include asthma, allergy to penicillin, heart murmur...):

List Medication the child is taking: _____

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Health Insurance Coverage:

Company: _____ Policy/Group Number: _____

****Name(s) and Phone Number(s) of Parent/Guardian- Where they can be reached****

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

I hereby authorize the Emergency Department of Providence Hood River Memorial Hospital or other acute care facility to administer such examinations, diagnostic and medical treatment or surgery as may be necessary or advisable for the health and well-being of my child.

For this reason it's important to have health information on each of your children readily available for relatives, babysitter, school personnel and others who may be present when an accident occurs.

Providence Hood River Memorial Hospital will keep this form on file and a copy will be retained at your child's school. Our Emergency Department staff will make every effort to reach you if your child is brought in for treatment. With this information and authorization readily available, your child will be able to receive proper treatment as efficiently as possible.

Signature of Parent or Guardian: _____ **Date:** _____

Authorization for medical and/or surgical treatment and hospital service is valid for one (1) year from date of signature.