

2008-2009 Season
Kid's Quest Guest Registration Form

***Security tag or positive picture identification will be required when picking up your child**

Child's Name _____ Birth date _____

Parent/Guardian Names 1) _____ Cell phone: _____

2) _____ Cell phone: _____

Vacation Address _____ Phone _____

Home Address _____ Phone _____

Child's Physicians Name _____ Phone #/City _____

Child's Dentists Name _____ Phone #/City _____

***If neither phone can be reached in case of an emergency, contact: (worldwide)**

Name _____ Phone _____ Relationship _____

***If someone other than yourself or your spouse may be picking up your child please list their name (positive photo identification will be required in order to pick up children.**

Name _____ Phone _____ Relationship _____

Is your child in good health and free of communicable diseases? If no, please explain. _____

Are your child's immunizations up to date, if applicable? _____

Excludable Conditions: Our safety and health guidelines are from the Early Childhood Program Licensing Regulations, which govern child care in the state of Vermont. Some examples of excludable conditions include a fever of 100 degrees or higher, vomiting, and or loose or watery bowel movements that cannot be contained in the diaper. If you have any other questions about excludable health regulations please ask Kid's Quest staff to review the licensing regulations.

Child Abuse & Neglect: As professional teachers and providers we are mandated by the State of Vermont to report any suspicion of child abuse or neglect. The VAC staff is directed to report all suspicions immediately to the director prior to calling the Department of Children and Families (DCF) to file the report. Child Protective Services will determine whether further investigation is necessary around the suspected abuse/neglect.

Emergency Authorization: *I am fully aware that young children are frequently injured by falls, play with other children or other causes that cannot be prevented by even the most attentive caregivers. Recognizing and assuming these inherent risks in my child's participation in this program, I therefore fully accept any and all responsibility for such risks, injuries and damages associated with or resulting from my child's participation in the child care program. In case of an emergency, when I cannot be reached and the staff has concluded that medical help must be obtained, I hereby appoint the Kid's Quest staff my lawful attorney, for the purpose of authorizing medical treatment, and the performance of any procedure determined necessary after consultation with the emergency physician of my child(ren). I agree to pay all necessary transportation costs for my child(ren) to the nearest appropriate facility. I also understand that Vermont State Statute requires Kid's Quest Childcare to report all suspected cases of child abuse and neglect.*

Parent/Guardian Signature _____

Date _____