

Whitefish Mountain Kids Center Intake Form

Parents' Last Names: _____ First Names: _____

Contact Number(s): _____ Email: _____

Home Address: _____

Who else do you approve to pick up your children, if anyone? _____

<p>Child's Name: _____ Age: _____</p> <p>Birthdate: _____</p> <p>Bathroom: Diapers ____ Potty Training ____ Potty Trained ____</p> <p>Lunch: Own ____ Purchased ____ Snacks Only ____</p> <p>Naps: Will your child need a nap? Yes ____ No ____ Time(s) _____ What helps your child transition to a nap? Paci ____ Bottle ____ Blanket ____ Toy ____</p> <p>Bottles: Breast milk provided (# of bottles): _____ Formula: _____</p> <p>Behaviors: Is your child a climber? Yes ____ No ____ Is your child a security risk? Yes ____ No ____</p> <p>Allergies: Foods to Avoid: _____ Epi Pen: Yes ____ No ____</p> <p>Special Instructions: _____ _____ _____</p>	<p>Child's Name: _____ Age: _____</p> <p>Birthdate: _____</p> <p>Bathroom: Diapers ____ Potty Training ____ Potty Trained ____</p> <p>Lunch: Own ____ Purchased ____ Snacks Only ____</p> <p>Naps: Will your child need a nap? Yes ____ No ____ Time(s) _____ What helps your child transition to a nap? Paci ____ Bottle ____ Blanket ____ Toy ____</p> <p>Bottles: Breast milk provided (# of bottles): _____ Formula: _____</p> <p>Behaviors: Is your child a climber? Yes ____ No ____ Is your child a security risk? Yes ____ No ____</p> <p>Allergies: Foods to Avoid: _____ Epi Pen: Yes ____ No ____</p> <p>Special Instructions: _____ _____ _____</p>
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Sick Child Policy: Whitefish Mountain Kids Center will not accept into our care any child we feel might be contagious. Should your child become sick while in our care; we will notify you and expect you to pick up your child as soon as possible.

____ Initial

Sad Child Policy: We will do our best to assimilate a child experiencing separation anxiety. If we are not able to soothe your child, we will contact you to come and pick up your child. We are always willing to try again another day.

____ Initial

I am signing this document as a condition to participation in one or more of the recreational activities made available at Winter Sports, Inc / Whitefish Mountain Resort ("WMR"). This represents my express acknowledgment that the activities in which I may choose to participate at WMR involve inherent and other risks and that I could suffer injury or death while participating. I am voluntarily participating in the activity or activities, with an understanding of and notwithstanding the risks. I also understand that I have the right and opportunity to investigate the risks associated with the activity and to inspect the facilities, location or equipment associated with the activity or activities. I acknowledge my personal responsibility to advise myself of the risks of the activities and to act reasonably under the particular circumstances of my participation in the activity. I agree to act responsibly and reasonably.

Also, I hereby irrevocably consent to the use, by Winter Sports Inc – DBA Whitefish Mountain Resort – advertisers, customers, successors and assigns, of my name, portrait, or picture for advertising purposes or purposes of trade, and I waive the right to inspect or approve such completed portraits, pictures, or advertising matter used in connection therewith. No additional remuneration, financial or otherwise will be transacted.

Signature: _____