**Sundance Playschool Registration Form**

Today’s Date:

*\*Please note this form is for multiple children.*

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

**[ ]**

Permanent Mailing Address:

Street: City: Province/State: Postal Code: Country:

No

Yes

Ski Rentals Required:

No

Yes

Ski Lessons Required:

Allergies/Special Needs/Emergency Medications:

Child’s description (Height, Weight, Hair & Eye Color):

No

Yes

Health Care/Travel Insurance #: Immunizations Up to Date:

Other

French

English

Date of Birth: Language(s) Spoken:

**Child #1**

**Dates Required:**

First Name: Last Name:

Permanent Mailing Address:

Street: City: Province/State: Postal Code: Country:

No

Yes

Ski Rentals Required:

No

Yes

Ski Lessons Required:

Allergies/Special Needs/Emergency Medications:

Child’s description (Height, Weight, Hair & Eye Color):

No

Yes

Health Care/Travel Insurance #: Immunizations Up to Date:

Other

French

English

Date of Birth: Language(s) Spoken:

**Child #2**

**Dates Required:**

First Name: Last Name:

**Parent/Guardian #1:**

First Name: Last Name: Local Contact Phone #: Email:

**Parent/Guardian #2:**

First Name: Last Name:

Local Contact Phone #: Email: Local Accommodation in Sun Peaks:

**EMERGENCY CONTACT: (In the event that the parent/guardian(s) listed above are in an accident and unable to pick up the child(ren), the child(ren) can be released to this person)**

# Note:

* Under *no circumstances* will the child be released to anyone else without previous authorization from the Parent/Guardian.
* Please list someone who is **NOT** travelling with you, and will *never be at the ski resort* with you. This person can be a relative, friend etc., located anywhere in the world.
* Please put their physical address. *PO boxes and RR#’s will not be accepted*. In the event of an emergency proper authorities and/or managers will contact your emergency contact at this address. This may result in a delay at check in time, should the form not be filled out correctly.

**Emergency Contact:**

First Name: Last Name:

Relationship to the child(ren):

Contact Phone #:(H) (W) (C) Email:

Address:

Street: City: Province/State: Postal Code: Country:

**Please read, initial, sign and date:**

*(To be completed upon first day drop-off)*

* I give permission for Sun Peaks Resort LLP staff to administer emergency First Aid
* To my knowledge, my child is not currently suffering from, or recently been exposed to, any communicable disease I understand the daycare must refuse entry to children suffering any communicable disease.
* I permit my child to leave the Sundance Playschool with Sun Peaks Resort LLP ski instructors to attend pre- booked ski lessons.
* In the event of an evacuation, children will be taken to Guest Services, located in the Village Day Lodge.
* I understand and allow my child(ren) to go on outings (by foot only, and within daycare required ratios):
* I give consent to the release of any photograph or video material of my child for Sun Peaks Resort LLP marketing purposes and Sundance Playschool to post in the lobby or around the daycare (no Social Media):
* I give permission for any medical assistance to be offered and administered to my child (ambulance, patrol or any first aid certified staff)
* I understand that if an ambulance is required, Sun Peaks Resort LLP and their staff are no responsible for any fees resulting.

Parent/Guardian Signature Date

**We are a NUT AWARE daycare! Please ensure that you are not sending any nut products to the Sundance Playschool.**

*\*\*Photo ID will be required to obtain these codes if lost or forgotten. \*\**