



Sundance Playschool Registration Form

Today's Date: _____

**Please note this form is for multiple children*

Child #1

Dates of visit : _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender _____

Health Care/Travel Insurance #: _____ Immunizations Up to Date: Yes No

Allergies/ Additional Needs/Emergency Medications: _____

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

Additional notes you would like us to know: i.e _____
other languages spoken _____

Permanent Mailing Address:

Street: _____ City: _____ Province/State: _____

Postal Code: _____ Country: _____

Child #2

Dates of visit: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Gender _____

Health Care/Travel Insurance #: _____ Immunizations Up to Date: Yes No

Allergies/Special Needs/Emergency Medications: _____

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

Additional notes you would like us to know: i.e _____
other languages spoken _____

Permanent Mailing Address

Street: _____ City: _____ Province/State: _____

Postal Code: _____ Country: _____



Parent/Guardian #1: - The persons below are the only people authorized to pick up child(ren)

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 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.
- Should the form not be filled out correctly, this may result in a delay at check in time.

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: _____



Sun Peaks Resort LLP
1280 Alpine Road, Sun Peaks
British Columbia, Canada V0E 5N0

T: 250.578.7222
F: 250.578.7223
W: SunPeaksResort.com

Sundance Playschool T:250.578.5474
E: sportschool@sunpeaksresort.com

Family Doctor Name:

Phone Number:

If you do not have one, please tick here:

Please record any persons who may not access to the child(ren):

As part of our licensing requirements, we kindly ask that you provide a recent photo of your child with this form. This will be used for reference purposes only.



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1280 Alpine Road, Sun Peaks F: 250.578.7223
British Columbia, Canada V0E 5N0 W: SunPeaksResort.com

Sundance Playschool T:250.578.5474
E: sportschool@sunpeaksresort.com

Please read, initial, sign and date: (To be completed upon first day drop-off)

- I give permission for any medical assistance to be offered and administered to my child (ambulance, patrol or any first aid certified staff)._____
- I acknowledge that Sundance Playschool does not provide food and that I will provide my child(ren) with appropriate lunch/snacks for the duration of their visit._____
- To my knowledge, my child is not currently suffering from, or recently been exposed to, any communicable disease. I understand the facility must refuse entry to children suffering any communicable disease._____
- I permit my child to leave the Sundance Playschool with Sun Peaks Resort LLP sports school instructors to attend pre-booked 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 facility required ratios)._____
- I give consent to the release of any photograph or video material of my child for Sun Peaks Resort LLP and Sundance Playschool marketing purposes around the facility or on the website (no social media)._____
- I understand that if an ambulance is required, Sun Peaks Resort LLP and their staff are **not** responsible for any fees resulting._____
- I understand that it is a requirement that my child is fully toilet independent and if not Sundance Kids Centre can cancel the booking _____

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

Parent/Guardian Signature

Date