



Kids For All Seasons Registration Form

Dear Guest, please note that we are a State Licensed Child Care Facility. Under our licensing agreement, we are required to have all of the questions listed below completely filled out before we are able to care for your child.

Child's Name _____ Gender _____ Date of Birth _____ Age _____
Hotel Room # _____ Cell Phone _____

Date/Time Child Entered Facility _____
Date/Time Child Withdrawn _____

Name of Person(s) with whom the child lives _____
Relationship _____
Home Address _____ Home Phone _____
Mother's Place of Employment _____ Business Phone _____
Father's Place of Employment _____ Business Phone _____

Persons having permission to pick up child/Emergency Contact other than Parents during your stay
Name/Relationship _____ Phone _____
Name/Relationship _____ Phone _____

Out of Area Emergency Contact
Name/Relationship _____ Phone _____

Health Record

Child's Primary Care Physician or Clinic _____
Address _____ Phone _____
Dentist _____ Phone _____
Hospital of Choice _____

Immunization Records

Upon signing I agree to provide the Kids For All Seasons program with current up to date immunization records for my child within 30 days of today's date.

Signature of Parent/Guardian _____ Date _____

Allergies/Health

My child is in good health and requires no special medical or dietary attention.

Signature of Parent/Guardian _____ Date _____

Kids For All Seasons Four Seasons Resort Vail

One Vail Road Vail, CO 81657 | phone: (970) 477-8640 or (970) 477-8630 | fax: (970)477-8666

Child's Statement of Health Status for Enrollment in a Child Care Facility

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program.

Name of Facility Kids For All Seasons Type of Facility School Age Child Care

Child's Name _____

Past Illnesses – check those that the child has had and give approximate dates:

Chicken Pox _____ Rubeola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____ Epilepsy _____

Whooping Cough _____ Poliomyelitis _____ Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medications(s) prescribed: _____

Allergies: _____

If tuberculin test given: Date _____ Result _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

Please record immunizations and dates administered on the Colorado Department of Health, Certificate of Immunization and attach to this form.

Date of most recent examination of the child _____

Signature of parent/guardian _____ Date _____

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Waivers

Child's Name _____
Parent's Name _____
Date _____

Game Room/Young Adults Room

I, _____ parent/guardian of _____
authorize and consent to allow my child to attend and utilize games that are in the Young
Adults Room as long as a representative of Kids For All Seasons is in attendance and directly
supervising my child during the time they are in the Young Adults Room.

Please check any restrictions in regards to using games, etc.

Pool Table Air Hockey Video Games Television
 Foosball Computer Use Other: _____

Kids For All Seasons Policies & Procedures

I have read and agree to abide by all Policies and Procedures for the Kids For All Seasons
program at the Four Seasons Resort Vail.

Signature of Parent/Guardian _____ **Date** _____

Medical Release

In case of emergency, I, _____ parent/guardian of
_____ authorize and consent to emergency
medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a
physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed
consent to such treatment. I also authorize a copy of this consent form to be treated with the
same authority as the original.

Signature of Parent/Guardian _____ **Date** _____



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Local Pediatricians in the Area
Please circle your preference

Vail Valley Medical Center Women's & Children's Center
181 W Meadow Dr, Vail, CO
(970)479-7181

Vail Valley Home Health Care
320 Beard Creek Road, Edwards, CO
(970)569-7455

Occupational Health & Travelers Clinics
230 Chapel Pl #101, Avon, CO
(970)569-7715

Gray Jamie E MD, Brant William O MD & Hearne Diana L MD-Vail Valley Medical Center- Vail Hospital
181 W Meadow Dr, Vail, CO
(970) 476-2451

Local Dentist in the Area
Please circle your preference

Vail Valley Dental Care
100 W. Beaver Creek Blvd #232 Avon, CO
(970)949-3331

Vail Dentistry
0105 Edwards Village Blvd D208, Edwards, CO
(970)766-7645

Vail Valley Oral & Maxillofacial Surgery
105 Edwards Village Blvd, Edwards, CO
(970)569-3055

Vail Valley Center for Aesthetic Dentistry
37347 Hwy 6, Avon, CO
(970)845-9980

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Kids For All Seasons to obtain medical treatment for my child at the dentist chosen above and/or call my family physician. I am aware that an ambulance will be called if transportation is required.

Signature of Parent/Guardian _____

Date _____