



Kinderkare Registration

Child's Last Name: _____ Child's First Name _____ Nick Name _____

Age: _____ Birth date: _____ Sex: Male _____ Female _____

Parents Name _____ Home Phone: (____) _____

Permanent mailing address: _____

City _____ State _____ Zip _____

Local Lodging _____ Local Phone _____

*******WE WILL NOT ADMINISTER ANY MEDICATION TO YOUR CHILD*******

Is your child on any Medication? Yes _____ No _____ If yes, what medication? _____

Does your child have any allergies? Yes _____ No _____

If yes, what are the allergies? _____

Are there any foods your child will not or cannot eat? _____

Does your child use a pacifier? Yes _____ No _____ If yes, when? _____

Does your child use a bottle? Yes _____ No _____ If yes, when? _____

Is your child potty trained? Yes _____ No _____

What would make your child feel more comfortable throughout the day? _____

Does your child nap? Yes _____ No _____

What does your child nap with? _____

Where do they nap? Crib Mat (please circle one)

Does your child use special words for things? (e.g. "Binkey" for blanket or bottle) _____

ALL CHILDREN MUST BE PICKED UP BY 4:30PM

Please Note: Parents of children attending Bebekare and Kinderkare programs must remain in Taos Ski Valley so that they can be contacted in the event of an emergency or problem pertaining to their child. Please check for messages on the white boards at the base of each lift. If you are not skiing, where in TAOS SKI VALLEY can you be reached _____

Who is authorized to pick up your child?

(Please write the names of all persons including both parents)

***Anyone authorized to pick up your child, other than the child's parents, must present a photo I.D.