



NJS Kinder Cottage LLC

400 Alexander Lane • Basalt CO 81621 • 970.379.6510 • njsteacher@outlook.com

NJS Kinder Cottage LLC is a childcare program designed for children ages 3 through 5 years. To provide the best quality program for your child, please answer the following questions as completely as possible:

Child's Name: _____ Date of Birth: _____

Allergies: _____

Special Needs: _____

Child's Physical Address: _____

Parents' Names: _____

Permanent Mailing Address: _____

Email Address(es): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Mom's Day Location: _____ Phone: _____

Mom's Work Address: _____

Dad's Day Location: _____ Phone: _____

Dad's Work Address: _____



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Only the following people are authorized to pick up my child:

Name/Relationship: _____ Phone: _____

Address: _____

Name/Relationship: _____ Phone: _____

Address: _____

Name/Relationship: _____ Phone: _____

Address: _____

Must present valid ID when picking up your child.

As a parent/guardian enrolling the child identified above, my signature indicates that I have read and understand all of NJS Kinder Cottage's Policies and Procedures listed in the Parent Handbook and that all of my questions have been answered to my satisfaction.

Parent Signature

Enrollment Date

Deposit



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Consent/Authorization for Emergency and/or Necessary Medical Treatment

As the parent/legal guardian of the child named below, I hereby grant permission to the staff members of NJS Kinder Cottage LLC to obtain emergency and/or necessary care for my child should her or his condition require it in my absence. This consent and authorization shall expressly extend to emergency and other attending physicians from whom such medical care may be sought.

In the event of such medical emergency or necessity, I understand that NJS Kinder Cottage LLC will make reasonable attempts to reach me or such other emergency contact listed below should time and conditions permit. NJS Kinder Cottage LLC shall have complete permission to alert paramedics or other emergency personnel and transport my child to Basalt Urgent Care, the hospital emergency room or other appropriate medical facility or office.

I consent to any medical or surgical treatment deemed necessary by an emergency and/or attending physician. I understand such treatment will be limited solely to those procedures deemed necessary by the emergency and/or attending physician to treat (1) emergency conditions and (2) non-emergency conditions that nonetheless require prompt medical attention and care. I understand that such treatment may include, but not necessarily be limited to x-ray examination, anesthetic, medical or surgical treatment, and hospital care.

Child's Name: _____ Date of Birth: _____

Current Medications/Diagnoses: _____

Allergies: _____

Other important medical history items: _____

Pediatrician/Family Physician: _____ Phone: _____

Address: _____



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Emergency Contacts (other than Parent(s) listed above):

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I impose no specific limitations or prohibitions regarding such medical treatment other than those set forth here (if none, state 'none'): _____

I understand that any and all expenses incurred for transportation, medical treatment and/or diagnosis will be my responsibility or the responsibility of the child's family.

Signature of Parent/Legal Guardian

Date



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Waiver, Release & Assumption of Risk

I, the parent(s) or legal guardian(s) of _____ ("my child"), hereby waive and release any claim of liability against NJS Kinder Cottage LLC, its officers, staff, and agents for any damage, illness or injury suffered by my child while at NJS Kinder Cottage or while participating in activities with NJS Kinder Cottage and/or NJS Hobby Farm including, but not limited to, field trips in and around Basalt, swim lessons at the Basalt Recreation Center, trips to the Basalt Library, bus rides on the RFTA bus system, MFSAB Childcare Bus rides to and from NJS Kinder Cottage, play and activities at NJS Kinder Cottage, NJS Hobby Farm and in the farm yard, and daily outdoor play. I give permission for my child to participate in all activities while at NJS Kinder Cottage, including those described above. I acknowledge and assume all risks involved in these activities, and for any damages, illness or injury resulting from such activities for my child and myself. I hereby agree to indemnify and hold harmless NJS Kinder Cottage LLC with respect to any claim asserted by or on behalf of my child as a result of illness or injury. This Waiver, Release & Assumption of Risk does not apply to illness or injury caused by gross negligence or willful misconduct of NJS Kinder Cottage LLC.

This Waiver, Release & Assumption of Risk is fully binding on my heirs, successor, assigns, and personal representatives, and shall be construed in accordance with the laws of Colorado. Venue for any legal action concerning this Waiver, Release & Assumption of Risk shall be in Pitkin County, Colorado. If any term or provision of this Waiver, Release & Assumption of Risk is held illegal or unenforceable, all remaining provisions shall remain in full force and effect.

I HAVE FULLY READ AND UNDERSTAND THIS WAIVER, RELEASE & ASSUMPTION OF RISK AND I AGREE TO BE BOUND BY IT. I REALIZE THAT IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

Signature of Parent/Legal Guardian

Date



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The staff members of NJS Kinder Cottage LLC have my permission to apply sunscreen on my child _____, as they deem necessary.

Parent/Legal Guardian Signature

In case of emergency, please contact the following:

DOCTOR: _____ Phone: _____

Address: _____

DENTIST: _____ Phone: _____

Address: _____

Hospital of Choice for my child: _____ Phone: _____

Address: _____

Parent/Legal Guardian Signature

Field Trip Authorization

Name of Child: _____

Parent Name(s): _____

My child has permission to participate in the daily listed field trip activities. Transportation will be provided by our MFSAB Childcare Bus, the RFTA Bus system, and/or walking.

Parent/Legal Guardian Signature



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Child's Statement of Health Status

Please have the Health and Immunization Forms (link below) completed and signed by your child's physician. Thank you!

https://www.fumc-cs.org/images/uploads/preschool_files/Health_and_Immunizations_and_Exempt.pdf

Child's Important Health Information

(To be Filled Out By PARENTS)

Child's Name: _____ Birth Date: _____

Please check all that apply and describe any important symptoms, treatments, side effects, etc.:

Child's Health History (Chronic or Recurring):

- Ear Infections _____
- Diabetes _____
- Heart Disease/Defect _____
- Convulsions/Seizures _____
- Asthma _____
- Nosebleeds _____
- Measles _____
- Mumps _____
- Chicken Pox _____
- Flu or Flu Shot _____

Allergies (Nature of Reaction):

- Hay Fever _____
- Plant Poisoning _____
- Insect Stings _____
- Penicillin _____
- Other Drugs _____
- Animals _____
- Food _____
- Other _____

Operations or Serious Injuries (please includes dates): _____

Is your child on any medications? (please explain): _____

Does your child have any: physical limitations, dietary limitations, vision concerns, hearing concerns? (Please circle all that apply and explain): _____



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Are there any activities that you prefer that your child NOT participate in? If so, please list: _____

Please list any additional pertinent information regarding your child, that you may want to share with us:
