

2008 SPROUTS CHILDCARE REGISTRATION FORM

(One form per child please)

Child's Name: _____

Parent or Guardian Name: _____

Alternate responsible adult(s) at Festival: _____

The child named on this form will only be released to the parent, guardian or alternate responsible adult(s) listed on this form.

Child's Birth Date: _____ Age at time of Festival: _____

Day and approximate time of Arrival: _____ Departure: _____

Do you plan to use Toddler Care: _____ daily _____ evenings only
_____ once or twice _____ mornings only _____ afternoons only

Is your child accustomed to day care? _____

How much time each day is your child usually away from you? _____

What time of day does your child usually nap? _____

How is your child accustomed to falling asleep (i.e. with a story, rocking, etc.)? _____

Does your child have any special needs? _____ Y _____ N If so, please explain: _____

Does your child have any specific fears? _____ Y _____ N If so, please explain: _____

Does your child have allergies, food or otherwise? _____ Y _____ N If so, please explain: _____

Is your child taking any medication? _____ Y _____ N If so, please explain: _____

Is your child nursing? _____ Y _____ N

Is your child in diapers? (Please bring an adequate supply.) _____ Y _____ N

Is your child walking without assistance? _____ Y _____ N

Does the Festival have your permission to take promotional photos of your child in Sprouts? _____ Y _____ N

Is there anything else you would like us to know about your child? _____

**2008 MICHIGAN WOMYN'S MUSIC FESTIVAL (WWTMC)
SPROUTS CHILDCARE CONSENT AND WAIVER**

I have read the 2008 WWTMC Michigan Womyn's Music Festival Childcare Information and Guidelines and I understand the expectations and limitations of the childcare provided. I am the parent or legal guardian of the child named below and I have the right and authority to enter this child in the Festival and in the Childcare program.

I give my permission for my child to participate in all childcare activities.

I give my consent for any necessary immediate first aid treatment as deemed necessary by the supervising Childcare Coordinator.

In consideration of childcare services offered by WWTMC and accepted by me for my child, I, for myself, my child, our executors and heirs, individually, do hereby release WWTMC, the Michigan Womyn's Music Festival, Festival employees, staff, volunteers and any other individuals connected with the Festival, of any claims or causes of action arising out of my child's participation and presence at the Festival and the Childcare program. **Please be sure to sign this form before returning it!**

Date: _____ Parent or Guardian Signature: _____

Child's Name: _____

Parent's Name: _____ Parent's Phone: (____) _____

Address: _____

City/State/ZIP: _____

Parent or Guardian at Festival (*if different than above*): _____

Address (*if different than above*): _____

City/State/ZIP (*if different than above*): _____

Insurance Company Name: _____

Group/Policy Number: _____

Any medical restrictions or special information: _____

Please print, **SIGN** and return the Registration and Waiver **postmarked by July 21st to:** WWTMC, PO Box 22, Walhalla, MI 49458 (231) 757-4766

2008 FESTIVAL DATES ARE AUGUST 5-10 *Clear this form*