

Gull Lake Ministries Cove Kids Profile

Please make copies as needed. Complete a separate form for each child.
Additional copies may be printed off our website at www.gulllake.org.

Summer 2017- For Ages Newborn through Entering Kindergarten

Child's Name _____ Week# _____

Child's Birth Date _____ Age _____ Accommodation _____

Parent/Guardian's Name(s) _____ Cell Phone (at camp) _____

Allergies? _____

Some things I like that might help me separate easier: _____

GIRAFFES (0-23 Months)

MOBILITY

I can: _____ sit without support _____ crawl _____ pull up on objects _____ walk by myself

Sleep position(s): _____ Stomach _____ Back _____ Side _____ No Nap

Will your child need a blanket, pacifier, bear, etc. this week? _____

FEEDING

Babies: _____ Breast fed _____ Bottle fed - Bottle Temp: _____ Cold _____ Room Temp. _____ Warm

Burp every _____ oz. during feeding. Can I drink from a sippy cup? _____ Yes _____ No

What kind of snacks can I eat? _____

LIONS & MONKEYS (2-5 years)

POTTY TIME

Please check one of the following:

_____ Potty trained
_____ In training; will tell someone when I need to go
_____ In training; take often
_____ No potty; just diapers

If there is any other information we would benefit from knowing please see the Cove Kids Director.

COVE KIDS ILLNESS POLICY

We realize you are on vacation and a sick child will be disappointing to all but:

1. We can only accept healthy children. We depend on you to help us maintain this policy. If your child has signs or symptoms of any of the following Please DO NOT bring them to Cove Kids: Infectious disease, open or draining skin lesions (that cannot be covered), eye infections, questionable rashes, green nasal drainage, fever (100.4 or more), vomiting or diarrhea (three or more loose stools). This is for the protection of your child as well as the other children and staff.

2. A sick child must remain out of Cove Kids until after he/she has been free for 24 hours of fever, vomiting and/or diarrhea. A child may also return after being on antibiotics for 24 hours.

I, the parent/guardian of _____, have read the above illness policy and agree to uphold GLM's restrictions should my child show signs of illness.

Parent / Guardian's Signature _____ Date _____

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