|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Care Registration Form** | | | | | | Date child entered care | | | Date child left care | |
| Child’s name (Last, First, Middle) | | | | | Name used (Nickname) | | | | Birthdate | |
| Street address City Zip code | | | | | | | | | | |
| Child’s parent/guardian name | | | Circle the best number to contact you at when your child is in our care | | | | | | | |
| cell phone #  (     )     - | | | home phone #  (     )     - | | alternate phone #  (     )     - | | |
| Street address City Zip code | | | | | | | | | | |
| Child’s parent/guardian name | | | Circle the best number to contact you at when your child is in our care | | | | | | | |
| cell phone #  (     )     - | | | home phone #  (     )     - | | alternate phone #  (     )     - | | |
| *I give my permission for any of the following individuals to be contacted and my child may be released to any of them.*  *Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **In an emergency, if you are not able to contact me, contact the following:** | | | | | | | | | | |
| Name (first and last) | | | cell phone # | | | home phone # | | alternative phone # | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
| These individuals also have permission to pick up my child: | | | | | | | | | | |
| Name (first and last) | | | cell phone # | | | home phone # | | alternative phone # | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
|  | | | (     )     - | | | (     )     - | | (     )     - | | |
| Child’s health information | | | | | | | | | | |
| Child’s medical care provider or parent’s/guardian’s preferred medical facility for treatment  Name:       Phone: (     )     -  Street Address: | | | | | | | Child’s last physical exam, if available | | | |
| Child’s dental care provider or parent’s/guardian’s preferred dental facility for treatment  Name:       Phone: (     )     -  Street Address: | | | | | | | Child’s last dental exam, if available | | | |
| Known health conditions (An individual care plan from child’s health care provider is required for any food allergies or special dietary requirement due to a health condition.) | | | | | | | | | | |
| Consent to medical care and treatment of minor children | | | | | | | | | | |
| I give permission that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be given  first aid/emergency treatment by the child care licensee and or qualified staff at:  Name of Licensee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Licensee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Parent/guardian signature | | Date | | Parent/guardian signature | | | | | | Date |
| When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to  be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed  necessary or advisable by the physician or aid care attendant to safeguard my child’s health. I waive my right of  informed consent to such treatment.  I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.  I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct. | | | | | | | | | | |
| Parent/guardian signature | Date | | | Parent/guardian signature | | | | | | Date |