

|  |   |  |                            |
|--|---|--|----------------------------|
| <b>Child Care Registration Form<br/>(for family home or center program)</b>  |   | 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 #<br>( ) -   | home phone #<br>( ) -                    | alternate phone #<br>( ) - |
| 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 #<br>( ) -   | home phone #<br>( ) -                    | alternate phone #<br>( ) - |
| <p><i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p><b>In an emergency, if you are not able to contact me, contact the following:</b></p> |   |  |                            |
| 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 #        |
|  | ( ) -   | ( ) -                                    | ( ) -                      |
|  | ( ) -   | ( ) -                                    | ( ) -                      |
|  | ( ) -   | ( ) -                                    | ( ) -                      |
|  | ( ) -   | ( ) -                                    | ( ) -                      |
| <b>Child's health information</b>  |   |  |                            |
| Child's medical care provider or parent's/guardian's preferred medical facility for treatment<br>Name: _____ Phone: ( ) -<br>Street Address: _____   |   | Child's last physical exam, if available |                            |
| Child's dental care provider or parent's/guardian's preferred dental facility for treatment<br>Name: _____ Phone: ( ) -<br>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.)   |   |  |                            |
| <b>Consent to medical care and treatment of minor children</b>   |   |  |                            |

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 |
|---------------------------|------|---------------------------|------|