| **Registration Form** | | | | | Date child entered care | | | | Date child left care |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s name Last First Middle | | | Name (Nickname) used | | | | | | Birthdate |
| Street address City Zip code | | | | | | | | | |
| Child’s parent/guardian name | home phone #  ()- | | | cell phone#  ()- | | | | alternative phone #  ()- | |
| Street address City Zip code | | | | | | | | | |
| Address where you can be reached while child is in care City Zip code | | | | | | | | | |
| Child’s parent/guardian name | home phone #  ()- | | | cell phone#  ()- | | | | alternative phone #  ()- | | |
| Street address City Zip code | | | | | | | | | | |
| Address where you can be reached while child is in care City Zip code | | | | | | | | | |
| Other than you, who else has permission to pick up your child? | | | | | | | | | |
| Name | | Address | | | | | Telephone number | | |
| Name:  Relationship: | |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | |
| Name:  Relationship: | |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | |
| Name:  Relationship: | |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | |
| Name:  Relationship: | |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | |
| In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.  Parent/Guardian signature: | | | | | | | | | | |
| Name | Address | | | | | Telephone number | | | | |
| Name:  Relationship: |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | | | |
| Name:  Relationship: |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | | | |
| Name:  Relationship: |  | | | | | Home: ()-  Cell: ()-  Alternative: ()- | | | | |
| Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file) | | | | | | | | | | |
| Name | Reason | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |

| Child’s health information | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of child’s last physical exam: | | Child’s health care provider | | | | | | | Telephone number  ()- | | |
| Street address City Zip code | | | | | | | | | | | |
| Special health problems?  Yes or no? If yes, specify. | | | | Allergies, including drug reactions  Yes or no? If yes, specify. | | | | | | | |
| Regular medications?  Yes or no? If yes, specify. | | | | Other important information  Yes or no? If yes, specify. | | | | | | | |
| Child’s dentist’s name | | | | | | | | Telephone number  ()- | | | |
| Street address City Zip code | | | | | | | | | | | |
| Child’s medical insurance coverage | | | | | | | | | | | |
| Insurance company name | | | | | | | Member/policy number | | | | |
| Policy holder name | | | | | Employer name | | | | | | |
| Insurance company name | | | | | | | Member/policy number | | | | |
| Policy holder name | | | | | Employer name | | | | | | |
| Consent to medical care and treatment of minor children | | | | | | | | | | | |
| I give permission that my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may be given first aid/emergency treatment by a 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 car 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 |