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