



Child Care Registration Form

Child's name: Last First Middle			Date child entered care	
			Date child left care	
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:				Home: ()
Relationship:				Cell: ()
				Alternative: ()
Name:				Home: ()
Relationship:				Cell: ()
				Alternative: ()
Name:				Home: ()
Relationship:				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:				Home: ()
Relationship:				Cell: ()
				Alternative: ()
Name:				Home: ()
Relationship:				Cell: ()
				Alternative: ()
Name:				Home: ()
Relationship:				Cell: ()
				Alternative: ()



Who does not have permission to pick up your child? If applicable (A copy of supporting court documents must be on file).

Name	Reason

Child's health information

Date of child's last physical exam:	Child's health care provider	Telephone number ()
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Street address:	City	Zip code
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Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions. Yes or no? If yes, specify.
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Regular medications Yes or no? If yes, specify.	Other important information. Yes or no? If yes, specify.
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Child dentist's name:	Telephone number ()
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Street address:	City	Zip code
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Child's medical insurance information

Insurance company name	Member/policy number
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Policy holder name	Employer name
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Insurance company name	Member/policy number
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Policy holder name	Employer name
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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
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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
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