

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



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

