

Child Care 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:				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 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 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