

Child Care Registration Form				Date child entered care	Date child left care
Child's name	Last	First	Middle	Name used	Birthdate
Street address			City	Zip code	
Child's parent/guardian name		10 digit home phone #	10 digit work phone#	10 digit cell #	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Child's parent/guardian name		10 digit home phone #	10 digit work phone#	10 digit cell #	
Street address			City	Zip code	
Address where you can be reached while child is in care			City	Zip code	
Other people to notify in case of emergency					
Name		Address		10 digit phone number	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
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Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Relationship: Permission to pick up in emergency?				Work: Home: Cell:	
Other than you, who else has permission to pick up your child?					
Name		Address		10 digit telephone number	
				Work: Home: Cell:	
				Work: Home: Cell:	
				Work: Home: Cell:	

Who does not have permission to pick up your child?	
Name	Reason

Child's health information		
Date of child's last physical exam:	Child's health care provider	10 digit 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		10 digit 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			
<p>I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at _____, Name and address of provider</p>			
<p>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.</p>			
<p>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.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date