

Student Enrollment

Site _____ Date _____

Director Signature _____

GENERAL INFORMATION

Last Name of Child _____ First Name of Child _____

Birthdate _____ Social Security Number _____ Start Date _____

Child Care Will be Needed:

Days Monday Tuesday Wednesday Thursday Friday

Programs All Day Preschool Program Drop-in Only

Before & After School Before School Only After School Only

My Child will: arrive at (write in time) _____ AM/PM be picked up at _____ AM/PM

School Age Child:

School Attending _____ Grade Level _____

Registration Fee (Must Accompany this Application) \$50 first child, \$25 each additional child \$ _____

FIRST PARENT

Last Name _____ First Name _____

Street Address _____ City, State, Zip _____

Driver's License Number _____ Birthday _____

Occupation _____ Social Security Number _____

Marital Status _____ Home Phone _____

Employer Name _____ Work Phone _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

SECOND PARENT

Last Name _____ First Name _____

Street Address _____ City, State, Zip _____

Driver's License Number _____ Birthday _____

Occupation _____ Social Security Number _____

Marital Status _____ Home Phone _____

Employer Name _____ Work Phone _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

OTHER

Last Name _____ First Name _____

Street Address _____ City, State, Zip _____

Driver's License Number _____ Birthday _____

Occupation _____ Social Security Number _____

Marital Status _____ Home Phone _____

Employer Name _____ Work Phone _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

1. Name _____ Address _____

Driver's license Number _____ Phone Number _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

2. Name _____ Address _____

Driver's license Number _____ Phone Number _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

3. Name _____ Address _____

Driver's license Number _____ Phone Number _____

PIN number for check in/out (4-digits, numbers only): _____ E-Mail _____

* DO NOT RELEASE TO: _____

Consent Forms

Child _____

CONSENT FOR MEDICAL CARE AND TRETMENT OF MINOR CHILDREN

I hereby give permission that my child _____, may be given emergency treatment to include first aid and CPR by a qualified daycare staff member at _____.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health when I cannot be contacted. 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 if necessary (see SWCCC Health Care Policy for examples regarding medical emergencies). I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Date

PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the center and to leave the center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I also give permission for my child to be photographed or videotaped for publicity purposes.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for minor, moderate, or life-threatening emergencies (see SWCCC Health Care Policy for examples). These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician we will do one or both of the following:
 - a. call another physician or paramedic,
 - b. have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under 2 above, will be borne by the child's family.
4. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. **The center WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.**

Signed (Mother or Legal Guardian)

Date

Signed (Father or legal Guardian)

Date

Received by (Center Staff)

Date

Child Record and History

Child _____

MEDICAL HISTORY

Food Allergies (example: peanuts, milk, etc.): _____

Medical Allergies: _____

Other Allergies: _____

Level of allergic reaction: Mild Moderate Severe Life-Threatening

My child carries an Epi-Pen: YES NO

Medications Currently Receiving: _____

Other Health Problems: _____

Blood Type: _____ Last Physical Exam Date: _____

Doctor: _____ Phone: _____

Last Vision Test: _____ Phone: _____

Dentist: _____ Phone: _____

Last Hearing Test: _____ Place: _____

Comments: _____

Insurance Coverage _____

Group Number _____ Membership Number _____

FAMILY

List names and ages of the other people in the home with your child:

Note: Please let us know about shared custody situations so that we can be sensitive to your child.

YOUR CHILD AT HOME

List below the kinds of things your child does at home:

Inside: _____ Outside: _____

How many hours per day does your child watch TV? _____

Regularly watched shows are? _____

Who are your child's special friends? _____

What pets are in your home? _____

Comments: _____

Developmental History

Child _____

HEALTH AND DEVELOPMENT

Any health problems as an infant? Yes No

Was his/her birth easy or hard? Easy Hard

Was he/she:

An easy or difficult baby and toddler? Easy Difficult

Walking early or late? Early Late Talking early or late? Early Late

Has your child had any serious illnesses or accidents? Yes No

Have there been any occasions in the family that were particularly upsetting to your child? Yes No

Does your child have any habits such as thumb sucking, nail biting, bed wetting, etc.? Yes No

Is there anything that frightens your child that we should be aware of? Yes No

Does your child prefer using her/his right or left hand?

Comments: _____

ROUTINES

Does your child have any eating problems? Yes No

What are her/his favorite foods? _____

Do you expect children to taste and/or finish their food? Yes No

What time does your child: go to bed? _____ wake up? _____

Is your child still taking naps? Yes No

Does she/he have any bedtime problems? Yes No

Does your child have any routines that help to soothe her/him before napping or eating? Yes No

It yes, describe. _____
