

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 Telephone Number		10 Digit Telephone Number (Work)	
Street Address			City		Zip Code
Work Address (or where you can be reached while child is in care)			City		Zip Code
Child's Parent/Guardian Name		10 Digit Telephone Number		10 Digit Telephone Number (Work)	
Street Address			City		Zip Code
Work Address (or 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 Telephone Number	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?					
Name		Address		10 Digit Telephone Number	
				Work: Home:	
				Work: Home:	
				Work: Home:	
WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?					
Name		Reason			

CHILD'S HEALTH INFORMATION			
Date of Child's Last Physical Examination:	Child's Health Care Provider's Name	10 Digit Telephone Number	
Street Address		City	Zip Code
Special Health Problems		Allergies, Including Drug Reactions	
Regular Medications		Other Pertinent Data	
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 hereby give permission that my child, _____,</p> <p>may be given emergency treatment by a qualified child care provider at</p> <p>_____</p> <p style="text-align: center;">Name and/or Address</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.</p> <p>I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p>			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date