Welcome!

I am so excited about the new school year and having your child in my classroom. To help me get to know your child before the year begins, please fill out this information and return it to me by _____. Thank you in advance!

Child's Full Name: _____

Birthday: _____ Dominate Hand: _____

Parents Names: _____

My child participates in...

____Gymnastics on Wednesdays ____Karate on Fridays ____Neither

Hobbies or Interests: _____

Siblings: _____

Pets: _____

What is he/she best at? _____

3 words to describe your child: _____

Allergies: _____

Any special information I should know (new baby, new job, new house, etc.):

_____

What hopes or goals do you have for your child in K4?

_____

_____

What motivates your child? _____

Please include any additional helpful information below.

_____

_____

_____

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: Relationship:		Home: ( ) - Cell: ( ) - Alternative: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternative: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternative: ( ) -
Name: Relationship:		Home: ( ) - 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: Relationship:		Home: ( ) - Cell: ( ) - Alternative: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternative: ( ) -
Name: Relationship:		Home: ( ) - 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 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 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

Child Enrollment Authorization

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies on back side of form.**

Parent or Guardian Contact Information

Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). ☐ Yes ☐ No

My child may participate in swimming (OCC requires approved lifeguard) or other water activities under required supervision. ☐ Yes ☐ No

My child may be photographed for publicity or news purposes ☐ Yes ☐ No This applies to ☐ On-site ☐ Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____

Continued on back

Child Information

Has your child previously been in child care? **No** ☐ **Yes** ☐ **If yes, what type of care and for how long?**
Reason for requesting care

Child General Information – please include all information that will assist us in providing quality care for your child

Likes and dislikes
Eating habits and schedule
Toileting habits and schedules
Sleeping habits and Schedule
Play
Fears
How does your child like to be comforted when upset?
Child's home language
Special word and their meanings
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any educational special needs (IFSP, etc.) No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.

Child Medical Information

Does your child have special medical needs? No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Does your child have allergies No ☐ Yes ☐ If, yes list below Has your child had chicken pox No ☐ Yes ☐

Other Children in the Home

Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**

Little Darlings Daycare Contract

Without prior notice, your child will not leave my care with anyone but yourself. If someone else will be picking up your child including your spouse/co-parent, please let me know the persons name and they must present a valid picture ID-driver's license at the first meeting.

Child _____will be here the following hours:

Monday: _____ Tuesday:_____Wednesday:_____Thursday:_____Friday:_____
I/We_____understand that the weekly fee of $_____ is due and Payable on Monday morning of each week. I/We understand that this is a legal document and by signing below acknowledge reading and agreeing to all terms.

Parent(s) Signature:_____ Date:_____

Provider Signature:_____ Date:_____

Disclaimer: This contract may be reviewed and possibly updated at least once per year.

Additional Contract for those on Child Care Assistance Program (**DHS**). There are certain circumstances that the Child Care Assistance Program (**DHS**) will not cover that you will be responsible for paying yourself. This includes pay for vacations. You will be responsible for full payment for the days your child is out. This must be paid ahead of time to ensure your child's spot is still available when he/she returns.. Your weekly co-payment and overages are paid directly to myself at the start of each new month.

I understand that this is a legal document and by signing below I acknowledge reading and agreeing to all terms. I/We _____ understand that my weekly co-pay is $_____ and my weekly overage is $_____ for a total amount of $_____ which is payable each week on Friday for the week to come or Monday at time of drop off for the week to come. Please be aware that if payment is not received at this time I reserve the right to disallow care until payment is made.

Parent(s) signature_____ Date:_____

Provider Signature [Michelle Schwarz]_____ Date:_____