Child Care Registration Form

Date Child Entered Care	Date Child Left Care

Child's Name (Last, First, Middle)	Name Used (Nickname)	Birthdate

Street Address	City	Zip code

Child's Parent/Guardian Name	Circle the best number to contact you at when your child is in our care.		
	Cell Phone #	Home Phone #	Alternate Phone #

Street address	City	Zip code

Child's Parent/Guardian Name	Circle the best number to contact you at when your child is in our care.		
	Cell Phone #	Home Phone #	Alternate Phone #

I give my permission for any of the following individuals to be contacted, and my child may be released to any of them.

Parent/Guardian Signature: _____ *Date:* _____

In an emergency, if you are unable to contact me, contact the following:

Name (First and Last)	Cell Phone #	Home Phone #	Alternative Phone #

Authorized Pickup - These individuals also have permission to pick up my child:

Name (First and Last)	Cell Phone #	Home Phone #	Alternative Phone #

Child's Health Information

Child's medical care provider or parent's/guardian's preferred medical facility for treatment.	Child's last physical exam, if available.
Name: Phone: Street Address:	

Child's dental care provider or parent's/guardian's preferred dental facility for treatment.	Child's last dental exam, if available.
Name: Phone: Street Address:	

Consent to Medical Care and Treatment of Minor Children

I give permission that my child, _____ may be given

first aid/emergency treatment by the childcare licensee and/or qualified staff at:

Name of Licensee: A Plus Learning Center and Child Care

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 care 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

Please list any known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)