

Email:

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
<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

CHILD CARE AGREEMENT

First		Middle		Last				
Child's name:								
First		Middle		Last				
Parent or Guardian name:								
Days and times my child will receive care:								
Check days of care	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	
Arrival time								
Departure time								
FEE: \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Date payment due:					
			Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):					
Overtime rate: \$ _____ per:			Late fee: \$ _____ per:					
<p>I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:</p>								
Name of Licensee								
Parent or guardian signature			Date		Parent or guardian signature			Date
<p>I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.</p>								
Licensee signature					Date			
Street Address		City		State		Zip code		
Comments								

Family Home Child Care Permission Authorization

Child's name	First	Middle	Last	Licensee's Name Desiree A. Hall
--------------	-------	--------	------	------------------------------------

The provider or assistant has permission to transport my child in a motor vehicle to go:

- | | Yes | No |
|---------------------------------|-------------------------------------|--------------------------|
| 1. On field trips..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To and from school..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. To obtain medical care | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. On occasional errands..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other (specify below):..... | <input type="checkbox"/> | <input type="checkbox"/> |

This permission is granted when the licensee follows all the requirements for transporting children. WAC 110-300B-6475

The only time that I will transport children in my motor vehicle is for the after school children.

The provider or assistant has my permission to:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Take my child on walks..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Take my child on public transportation | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Take my child swimming | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Take photographs of my child | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Give my telephone number and address to other parents | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other (specify below):..... | <input type="checkbox"/> | <input type="checkbox"/> |

If we are going to do anything other than neighborhood activities there will be a formal permission slip that you will be requested to fill out.

Parent or guardian signature	Date	Parent or guardian signature	Date
------------------------------	------	------------------------------	------



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X _____ X _____

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required for School						
• Required Child Care/Preschool						
Required Vaccines for School or Child Care Entry						
• DTaP (Diphtheria, Tetanus, Pertussis)						
• Tdap (Tetanus, Diphtheria, Pertussis) (grade 7-+)						
• DT or Td (Tetanus, Diphtheria)						
• Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
• IPV (Polio) (any combination of IPV/OPV)						
• OPV (Polio)						
• MMR (Measles, Mumps, Rubella)						
• PCV/PSPV (Pneumococcal)						
• Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Date: _____

Disaster Plan

Stay and Play Childcare and Learning Center, located at 6516 42nd Avenue South, Seattle,

WA 98118, has provided a **DISASTER PLAN** for your child. All items are checked as a part of our plan and preparations for a disaster situation:

Contact

We have established an **OUT-OF-STATE contact Nicole Donaldson (Sister)**
Name/Relationship

At **(832) 243-8363** in the event of a large scale disaster incident, this person will be
(Area code) Phone Number
notified of the conditions and location of your child as soon as possible.

We have established **Aki Kurose Middle School, at 3928 South Graham, Seattle, WA**
98118 Facility name and address

As the **OUT-OF-AREA meeting place** in the event we have to evacuate the childcare facility.

Emergency Procedures

We have identified a **Safe Place** inside the center in the event of earthquake, and a **Meeting Place** outside the center in the event of fire.

All care providers know how and when to use a fire extinguisher.

All care providers know how and when to shut off natural gas and electrical panels. The proper tools are available and both are accessible.

We have a battery-powered radio for receiving emergency information.

We have battery-powered flashlights in the event of power outage.

We have an alternate heat source in the event of power failure.

Hazard Mitigation

Stay and Play Childcare has taken reasonable steps to avoid additional HAZARDS from the result of earthquake by:

securing the water heater to the wall

Securing high furniture to wall studs with metal brackets

securing hanging plants, heavy pictures frames or mirrors

making sure cribs and children's beds are not located near window that are not shatter proof

putting latches on cabinet doors to keep them closed if needed

placing heavy objects on lower shelves

This childcare center has **WORKING smoke detector** that is tested monthly and batteries replaced at least annually.

Prepared Survival

This Childcare center has a storage supply of food, water, and necessary supplies for your child in the event he/she must be housed here for an extended amount of time during a disaster situation:

- Enough bottles of water stored within the facility for each child (1 gallon per person/per day recommended)
- Extra food supplies are stored that will last _____ days. (At least 3 days' supply is recommended)
- If your child is on long-term medication, you have provided extra doses for storage
- We have a first aid kit available
- We have first aid training
- We have a book that describes emergency first aid procedures or use the WAC Requirements

Parent/Guardian signature

Date

Desiree Hall

Care provider signature

Date