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 not able to contact me, contact the following:

Name (first and last)	cell phone #	home phone #	alternative phone #
	( ) -	( ) -	( ) -
	( ) -	( ) -	( ) -
	( ) -	( ) -	( ) -
	( ) -	( ) -	( ) -

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:	

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.)

Consent to medical care and treatment of minor children

I give permission that my child, _____ may be given first aid/emergency treatment by 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 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

Child Care Agreement

	First	Middle	Last
Child's name:			
Parent or guardian name:			
Parent or guardian name:			

Days and times my child will receive care:

Check days of care	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
Arrival time							
Departure time							

Fee: $ per:

☐ Hour ☐ Day ☐ Week ☐ Month

Date payment due:

Source of payment: ☐ Parent ☐ Other (specify):

Overtime rate: $ per

Late fee: $ per

Other Fees: $ Description:

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.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by

_____

Name of licensee

Parent or guardian signature	Date	Parent or guardian signature	Date

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.

Licensee signature Date

Street address	City	State	Zip code
		WA.	

Comments

Child Care Parent/Guardian Permission

Child's Name (First Middle Last)	Licensee's Name

Transportation and off-site activity

I give my permission for the licensee or the licensee's staff to take my child:

	Yes	No
To and/or from school:		
By a personal vehicle	☐	☐
By riding with my child on public transportation	☐	☐
By walking with my child	☐	☐
On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):		
By a personal vehicle	☐	☐
By riding with my child on public transportation	☐	☐
By walking with my child	☐	☐
On occasional errands:		
By a personal vehicle	☐	☐
By riding with my child on public transportation	☐	☐
By walking with my child	☐	☐
Other (specify here: _____):		
By a personal vehicle	☐	☐
By riding with my child on public transportation	☐	☐
By walking with my child	☐	☐

Water activities including swimming pools and other bodies of water

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take my child swimming or play in a swimming pool or other body of water	☐	☐

Bathing

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting	☐	☐
Give my child a bath or shower if my child is enrolled in overnight child care	☐	☐

Photo, video, or surveillance activity

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take photographs of my child.....	☐	☐
Take video of my child.....	☐	☐
Capture my child's image on surveillance video used at this child care facility.....	☐	☐

Food cooked by another child's parent or guardian (on special occasions only)

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Serve my child food prepared, cooked or backed at home by another child's parent or guardian (on special occasions only).....	☐	☐

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date

Immunization Records

A copy from the Doctor

Needs to be with the year.

NON-PRESCRIPTION MEDICATION:
WAC 215

An early learning provider must receive written authorization from a child's parent or guardian and health care provider with prescriptive authority prior to administering if the item does not include age, expiration date, dosage amount, and length of time to give the medication:

(A) Vitamins;
(B) Herbal supplements;
(C) Fluoride supplements;
(D) Homeopathic or naturopathic medication; and
(E) Teething gel or tablets (amber bead necklaces are prohibited).

NON-MEDICAL ITEMS

(A) Diaper ointments (used as needed and according to manufacturer's instructions);
(B) Sunscreen;
(C) Lip balm or lotion;
(D) Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old; and
(E) Fluoride toothpaste for children two years old or older.
(F) Baby Powder
(G) Ice

**********Reminder to update Immunization Yearly **********

Please Sign _____

Hello Parents, this is our Covid -19 Policy

Please take the time to become familiar with the symptoms of Covid-19 that are posted for your convenience.

1. If child/ren attending today has no COVID-19 symptoms, they are welcome to stay.

2. Please talk the time to check your child/ren's temperature before leaving home or bring a thermometer and take the child's temperature upon arrival at the program.

3. Has your child or anyone in the household been in close contact with a confirmed or suspected case of COVID-19?
   If so said child/ren coming to my program need to stay home for 10 days. Return only if everyone in the household is symptoms free.

4. If anyone in your household has any Covid-19 symptoms
   .....(Fever of 100.4,cough,fever/chills, shortness of breath, difficulty breathing, sore throat, muscle or body aches, headache, fatigue, loss of taste or smell, nausea, vomiting, diarrhea And any other symptoms of illness which may have begun since the last time your child was in attendance.)
   then I ask you to remain out that day and notify us.
   You may return once said person has been fever-free for at least 48 hours without the use of fever-reducing medicines and without any signs of covid.

Provider Sign_____Parents Sign_____Date_____

FINAL SIGNATURE

I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH ALL OF THE POLICIES SET FORTH IN THIS HANDBOOK.

CHILDS NAME _____

Parent/ Guardian Signature	Date
Parent/ Guardian Signature	Date

Toothbrushing Opt Out Form

This form is to inform you that we at _____, know that dental hygiene is an important part of daily health routines. We encourage families to promote good oral hygiene at home. Signing below acknowledges that your child will be opted out of toothbrushing.

Parent/Guardian Signature

_____

_____

Date

NON-MEDICATION PERMISSION FOR MY EARLY LEARNING PROGRAM

WAC 215

Child Name _____

Parent permission is required annually at an Early Learning Program to use the items stated below on your child /children.

a. Diaper ointments (used as needed and according to manufacturer's instructions)
b. Sunscreen
c. Lip balm or lotion
d. Hand sanitizers or hand wipes with alcohol, which may be used only for children over twenty-four months old & used on hands more often during the cold seasons to help stop the spread of germs.
e. Fluoride toothpaste for children two years old or older.
f. Baby Wipes are used for diaper changes and general cleanliness
g. Baby Powder is used on bottoms to help stay dry & on others to freshen up with
h. Ice is used to treat minor injuries wherever deemed helpful

_____

Sign

Date_____

Dear Parent,

Our records show that your child _____needs updated immunization to meet the requirements of the WAC childcare School Immunization Law, Health and Safety Code Sections

Below is the WAC requirement for childcare.

110-300-0210

Immunizations and exempt children.

(1) On or before their children's first day of attending an early learning program, the parents or guardians of enrolled children must give to early learning providers proof of vaccination or acquired immunity for the vaccine-preventable disease, required under RCW 43.216.690 and chapter 246-105 WAC. Early learning providers may accept children without proof of vaccinations or immunity as otherwise indicated in this section.

(2) Early learning providers must receive for each enrolled child upon enrollment and annually thereafter, as required by RCW 43.216.690 and WAC 246-105-050:

(a) A current, complete, and medically verified certificate of immunization status (CIS) form;

(b) A department approved certificate of exemption (COE) form, if applicable; or

(c) A current immunization record from the Washington state immunization information system (WA IIS).

Please sign the letter below acknowledging to comply with the immunization requirement. You have 30 days to comply with the WAC below.

Parent Name_____

Date_____

Parent Signature_____

Parent Handbook
Acknowledgements

CHILD'S NAME _____

The Parent Handbook was email to you to read.
Please return this initialed and signed acknowledgement page along with your Immunization records and the completed registration form along with the other forms given to you.

- ✓ Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care.
  I/we have read THE Parent Handbook which outlines the policies and procedures of the program. _____(initial)

- ✓ I agree to adhere to the Fees and Payment Policies as outlined in this Parent Handbook. _____ (initial)

- ✓ I understand that when I withdraw my child or reduce my child's schedule, I must give a two-week written/ or email or pay anu balance of fees that might remain. _____(initial)

- ✓ After an illness, I understand my child must stay home until he or she has been symptom-free for 24 hours without the use of symptom-masking medication and school children sick need to go home. _____ (initial)

Parent Printed Name	*Signature*	*Date*
_____	_____	_____
Parent Printed Name	*Signature*	*Date*
_____	_____	_____