

REGISTRATION FORM

Becky's Daycare 655 Cardinal Drive Walla Walla, WA 509-520-3689

	Date child entered daycare:	Date child left daycare:
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 child care licensee and/or qualified staff at Becky's Daycare located at 655 Cardinal Drive in Walla Walla, WA 99362

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Parent/guardian signature X	Date	Parent/guardian signature X	Date
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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 X	Date	Parent/guardian signature X	Date
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