Date child entered care:

School's Out Childcare, Inc.

Registration Form

Date child left care:

Child's name: ______________________________ Name Used: ___________________ Birth Date:_______________

Street Address: ____ City:___________________ Zip Code:__________

Child's parent/ guardian name:____

Home Phone: ___________________ Work Phone: ___________________ Email: ____________________________

Street Address: ____ City:___________________ Zip Code:__________

Address where you can be reached while child is in care:__________________________________ Zip Code:___________

Child's parent/ guardian name:____

Home Phone: ____________________________________ Work Phone: ____________________________________

Street Address: ____ City:___________________ Zip Code:__________

Address where you can be reached while child is in care:__________________________________ Zip Code:___________

Other People to Notify in Case of Emergency!

Name: / Relationship	Address	Work Phone: / Home Phone:
Name: Relationship	Address	Work Phone: Home Phone:
Name: Relationship	Address	Work Phone: Home Phone:
Name: Relationship	Address	Work Phone: Home Phone:

Other than you, who else has permission to pick up your child?

Name:	Address:	Work Phone: / Home Phone:
Name:	Address:	Work Phone: Home Phone:
Name:	Address:	Work Phone: Home Phone:
Name:	Address:	Work Phone: Home Phone:

Who DOES NOT have permission to pick up your child?

Name:	Reason:
Name:	Reason:
Name:	Reason:

Is Child Native American?

Child's Health Information

Medical or Dental Emergency Plan:	
Child's Health Care Provider:	
Date of child's last physical exam:	Phone Number:
Special Health Problems: Is this something School's Out needs to be concerned about?	Allergies, including drug reactions: Is this something School's Out needs to be concerned about?
Regular Medications:	
Child's Dentist:	
Date of child's last dental exam:	Phone Number:
Street Address: City: Zip Code:	

Child's Medical Insurance Coverage

Health Insurance:	Policy Number:

Consent to Medical Care and Treatment of Minor Children

In the event my child is injured or becomes seriously ill and I cannot be reached, I authorize School's Out staff to seek medical attention and I authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance for treatment. I understand that any of the foregoing care will be at my expense. 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:**____________