

BROOKLAKE

CHILDCARE & LEARNING

REGISTRATION FORM

DATE ENTERED CARE: _____ DATE CHILD LEFT CARE: _____

CHILD'S NAME: _____ NICKNAME: _____

BIRTH DATE: _____ DATE OF ENROLLMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S HOME PHONE: _____

MOTHER'S EMAIL ADDRESS: _____

MOTHER'S EMPLOYER: _____

WORK PHONE: _____ EXT _____ CELL: _____

FATHER'S NAME: _____

FATHER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FATHER'S HOME PHONE: _____

FATHER'S EMAIL ADDRESS: _____

FATHER'S EMPLOYER: _____

WORK PHONE: _____ EXT _____ CELL: _____

(NEXT SECTION, FILL OUT ONLY IF APPLICABLE)

PARENTS ARE: MARRIED /DIVORCED / SEPARATED /WIDOWED /SINGLE (CIRCLE)

PARENT/GUARDIAN WITH LEGAL CUSTODY: _____

DECREE ON FILE? YES OR NO (CIRCLE)

DAYCARE REFERENCES:

HAS YOUR CHILD EVER BEEN IN DAYCARE BEFORE? _____

IF SO, WHY DID YOU LEAVE? _____

NAME OF PREVIOUS PROVIDER: _____

PHONE NUMBER OF PREVIOUS PROVIDER: _____

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EMERGENCY CONTACT'S & PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER:

PRIMARY EMERGENCY CONTACT (OTHER THAN PARENTS/GUARDIAN):

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO CHILD: _____

SECONDARY EMERGENCY CONTACT (OTHER THAN PARENTS/GUARDIAN):

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO CHILD: _____

OTHER PERSON(S) AUTHORIZED TO PICK UP MY CHILD (WITH PRIOR NOTICE FROM PARENT/GUARDIAN AND PROPER ID ONLY):

#1: NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO CHILD: _____

#2: NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO CHILD: _____

#3: NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RELATIONSHIP TO CHILD: _____

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

NAME: _____

REASON: _____

NAME: _____

REASON: _____

BROOKLAKE

CHILDCARE & LEARNING

CHILD'S HEALTH INFORMATION

DATE OF CHILD'S LAST PHYSICAL EXAM: _____

CHILD'S HEALTH CARE PROVIDER'S NAME: _____

PROVIDER'S ADDRESS: _____

PROVIDER'S PHONE: _____

SPECIAL HEALTH PROBLEMS:	ALLERGIES, INCLUDING DRUG REACTIONS:
REGULAR MEDICATIONS:	OTHER PERTINENT DATA:

CHILD'S DENTIST'S NAME: _____

DENTIST ADDRESS: _____

DENTIST PHONE: _____

HEALTH & INSURANCE INFORMATION

BROOKLAKE CHILDCARE & LEARNING WILL NOT BE RESPONSIBLE FOR PAYING FOR THE CHILD'S HEALTH CARE.

- INSURANCE COMPANY: _____ POLICY#: _____
- POLICY HOLDER NAME: _____
- EMPLOYER NAME: _____
- INSURANCE COMPANY: _____ POLICY#: _____
- POLICY HOLDER NAME: _____
- EMPLOYER NAME: _____

BROOKLAKE

CHILDCARE & LEARNING

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I HEREBY GIVE MY PERMISSION THAT MY CHILD, _____
MAY BE GIVEN EMERGENCY TREATMENT BY BROOKLAKE CHILDCARE & LEARNING.

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 CARE 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 PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AID CAR OR AMBULANCE TO AN EMERGENCY CENTER FOR TREATMENT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____