

Child Care Registration Form				Date Child Entered Care	Date Child Left Care
Child's Name Last	First	Middle	Name Used	Birth date	
Street Address			City	Zip Code	
Child's Parent/Guardian Name		10 Digit Telephone Number		10 Digit Telephone Number (Work)	
Street Address			City	Zip Code	
Work Address (or where you can be reached while child is in care)			City	Zip Code	
Child's Parent/Guardian Name		10 Digit Telephone Number		10 Digit Telephone Number (Work)	
Street Address			City	Zip Code	
Work Address (or where you can be reached while child is in care)			City	Zip Code	
OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY					
Name		Address		10 Digit Telephone Number	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
Relationship:				Work: Home:	
OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?					
Name		Address		10 Digit Telephone Number	
				Work: Home:	
				Work: Home:	
				Cell: Home:	
WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?					
Name		Reason			

CHILD'S HEALTH INFORMATION

Date of Child's Last Physical Examination:	Child's Health Care Provider's Name	10 Digit Telephone Number
Street Address	City	Zip Code
Special Health Problems	Allergies, Including Drug Reactions	
Regular Medications	Other Pertinent Data	
Child's Dentist's Name		10 Digit 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 hereby give permission that my child, _____,
 may be given emergency treatment by a qualified child care provider at
Rise and Shine Day Care _____,
 Name and/or Address

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 (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
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