



# Registration Form

## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_ Expected Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Any special instructions on how to reach parents: \_\_\_\_\_

\_\_\_\_\_

Parents are:  Single  Married  Living together  Divorced  Separated  Widowed

Parent/Guardian with legal custody \_\_\_\_\_

\*If one parent has restricted custody and/or visitation rights, we need a copy of the court order.

Other Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## EMERGENCY CONTACTS

### Primary Emergency Contact (other than parent or guardian)

Name: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

### Secondary Emergency Contact (other than parent or guardian)

Name: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

## CHILD PICK-UP AUTHORIZATION

Please list the people, in addition to the emergency contacts listed above, who have **\*Permission\*** to pick up your child.

**\*Note: Anyone picking up your child must have picture ID.**

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

**Permission to pick up:** I authorize the ELC staff to release my child to any of the people listed above under emergency contacts and child pick-up authorization. In case of an emergency, I give permission for my child's emergency contacts to be contacted if I cannot be reached. I understand that I may add or remove someone from these lists at any time.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD PICK-UP RESTRICTIONS

Please list those persons who **\*Do Not Have Permission\*** to pick up your child.

Please explain the reason below and inform the director so they are aware of the situation.

**Both parents have the right to pick up at any time, unless we have a court order on file which says otherwise.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reason person is **not** allowed to pick up your child:

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reason person is **not** allowed to pick up your child:

\_\_\_\_\_

## EMERGENCY INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### HEALTH:

Does your child suffer from allergies to food or insect bites?  YES  NO

If yes, please explain what needs to be done in these instances – we will also require an *emergency action plan from your doctor prior to start date:*

\_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about your child's physical or mental health?

YES  NO

If yes, please elaborate: \_\_\_\_\_

Has your child been hospitalized?

Explain: \_\_\_\_\_

Has your child had any injuries with fractures or loss of consciousness?

Explain: \_\_\_\_\_

Last vision test date: \_\_\_\_\_ Last hearing test date: \_\_\_\_\_

Last dentist visit date: \_\_\_\_\_ **Last physical examination:** \_\_\_\_\_

Do any members of your family have a history of: Asthma \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_  
Allergies to food or insect bites \_\_\_\_\_

Does your child have problems with: (circle all that apply)

Constipation	Seizures	Diarrhea	Fainting Spells	Frequent Colds
Skin Rash	Ring Worm	Lice	Stomach Upsets	Sore Throats
Worms	Ear Infections	Wetting Pants		

Has your child had any of these diseases: (circle all that apply)

Asthma	Bronchitis	Diabetes	Chicken Pox	Measles
Measles	Mumps	Hepatitis	Impetigo	Heart Disease
Scarlet Fever	Tuberculosis	Polio	Whooping Cough	

## Parental Permission Forms

**Permission for medical treatment:** I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by qualified staff at The Early Learning Center.

**Parent's 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 car attendant to safeguard my child's health. I waive my rights of informed consent to such treatment.

I also give 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's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to use photographs:** I give the ELCC permission to use photographs or videotape recordings of my child or myself in the following ways:

Yes	No	Display panels for conference exhibits
Yes	No	Brochures, fact sheets, program materials, & annual report
Yes	No	Calendar, Newsletter
Yes	No	Webpage, internet

Other restrictions:

\_\_\_\_\_ I do NOT give permission to use mine or my child's names along with our photographs or videotape.

\_\_\_\_\_ I do NOT give the ELCC permission to use photographs of my child or myself for the above purposes

I understand that I may revoke permission to use photographs/videotape at anytime.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Trip Authorization:** I give the Early Learning Center at Crossroads permission to take my child on field trips that are a part of the scheduled activities for his/her group. These field trips may include but are not limited to: weekly chapel service in the Crossroads sanctuary next door and walks, stroller rides, and wagon rides on sidewalks within ¼ mile of the ELC. I understand that transportation (whether on foot or by bus, van, private car or public or hired vehicle) will be safe and legal, and that proper care and supervision will be maintained at all times.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Policies and Handbooks:** I have been made aware that the ELCC has the following policies and handbooks available for view on the ELCC website at [www.elccrossroads.com](http://www.elccrossroads.com): Parent Handbook, Health Policy, and Disaster Policy. I am entitled to paper copies of each of these upon request.

I agree to comply with all requirements and policies in the Parent Handbook.

I understand that my child will participate in monthly fire drills and quarterly drills reflecting different disaster scenarios.

I have been made aware that the ELCC has a pesticide policy which in summary states that we will only use pesticides after giving 24 hour notice.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_