



Washington State Department of

**Early Learning****CHILD CARE  
REGISTRATION FORM**

DATE CHILD ENTERED CARE

DATE CHILD LEF CARE

|   |  |                                       |  |                                       |               |
|---|--|---------------------------------------|--|---------------------------------------|---------------|
| CHILD'S NAME LAST FIRST MIDDLE NAME USED                          |  |                                       |  |                                       | BIRTHDATE     |
| STREET ADDRESS  |  |                                       |  |                                       | CITY ZIP CODE |
| CHILD'S PARENT/GUARDIAN'S NAME                                    |  | HOME TELEPHONE NUMBER (AND AREA CODE) |  | WORK TELEPHONE NUMBER (AND AREA CODE) |               |
| STREET ADDRESS  |  | CITY                                  |  | ZIP CODE                              |               |
| WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILD CHILD IS IN CARE) |  | CITY                                  |  | ZIP CODE                              |               |
| CHILD'S PARENT/GUARDIAN'S NAME                                    |  | HOME TELEPHONE NUMBER (AND AREA CODE) |  | WORK TELEPHONE NUMBER (AND AREA CODE) |               |
| STREET ADDRESS  |  | CITY                                  |  | ZIP CODE                              |               |
| WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILD CHILD IS IN CARE) |  | CITY                                  |  | ZIP CODE                              |               |
| <b>OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY</b>                |  |                                       |  |                                       |               |
| NAME  |  | ADDRESS                               |  | TELEPHONE NUMBER                      |               |
| Relationship:   |  |                                       |  | Work:<br>Home:                        |               |
| Relationship:   |  |                                       |  | Work:<br>Home:                        |               |
| Relationship:   |  |                                       |  | Work:<br>Home:                        |               |
| Relationship:   |  |                                       |  | Work:<br>Home:                        |               |
| <b>OTHER THAN YOU, WHO HAS PERMISSION TO PICK UP YOUR CHILD?</b>  |  |                                       |  |                                       |               |
| NAME  |  | ADDRESS                               |  | TELEPHONE NUMBER                      |               |
|   |  |                                       |  | Work:<br>Home:                        |               |
|   |  |                                       |  | Work:<br>Home:                        |               |
|   |  |                                       |  | Work:<br>Home:                        |               |
| <b>WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?</b>        |  |                                       |  |                                       |               |
| NAME  |  | REASON                                |  |                                       |               |
|   |  |                                       |  |                                       |               |
|   |  |                                       |  |                                       |               |

| CHILD'S HEALTH INFORMATION  |                                     |                                    |                             |
|---|-------------------------------------|------------------------------------|-----------------------------|
| DATE OF CHILD'S LAST PHYSICAL EXAMINATION:  | CHILD'S HEALTH CARE PROVIDER'S NAME | TELEPHONE NUMBER (AND AREA CODE)   |                             |
| STREET ADDRESS  |                                     | CITY                               | ZIP CODE                    |
| SPECIAL HEALTH PROBLEMS   |                                     | ALLEGIES, INCLUDING DRUG REACTIONS |                             |
| REGULAR MEDICATIONS   |                                     | OTHER PERTINENT DATA               |                             |
| CHILD'S DENTIST'S NAME  |                                     | TELEPHONE NUMBER (AND AREA CODE)   |                             |
| STREET ADDRESS  |                                     | CITY                               | ZIP CODE                    |
| CHILD'S MEDICAL INSURANCE COVERAGE  |                                     |                                    |                             |
| INSURANCE COMPANY'S NAME  |                                     | MEMBER/POLICY NUMBER               |                             |
| POLICY HOLDER'S NAME  |                                     | EMPLOYER'S NAME                    |                             |
| INSURANCE COMPANY'S NAME  |                                     | MEMBER/POLICY NUMBER               |                             |
| POLICY HOLDER'S NAME  |                                     | EMPLOYER'S NAME                    |                             |
| CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN   |                                     |                                    |                             |
| <p>I hereby give permission that my child, _____,</p> <p>may be given emergency treatment by a qualified child care provider at</p> <p>_____</p> <p style="text-align: center;">NAME AND/OR ADDRESS</p> <p>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.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p>I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p> |                                     |                                    |                             |
| PARENT/GUARDIAN'S SIGNATURE   |                                     | DATE                               | PARENT/GUARDIAN'S SIGNATURE |
| DATE  |                                     |                                    |                             |
| STREET ADDRESS  |                                     | CITY                               | ZIP CODE                    |
|   |                                     | TELEPHONE NUMBER (AND AREA CODE)   |                             |