Child Care Registration	Date child entered care	Date child left care			
Child's name (Last, First, Middle)	Name	e used (Nickname)	Birthdate		
Street address	City		Zip code		
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care				
	cell phone#	home phone #	alternate phone #		
Street address	City Zip code		Zip code		
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care				
	cell phone#	home phone #	alternate phone #		
I give my permission for any of the following individuals to be contacted and my child may be released to any of them. Parent/Guardian signature: Date: In an emergency, if you are not able to contact me, contact the following:					
Name (first and last)	cell phone#	home phone #	alternative phone #		
,	•	•	•		
These individuals also have permission to pick up my child: Name (first and last) cell phone # home phone # alternative phone #					
Traine (first and last)	cen phone n	поше рионе п	alternative phone ii		
(L Child's health information	l n			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Child's last physical					
Name:	Phone:		exam, if available		
Street Address:					
Child's dental care provider or parent's/guardia	•	lity for treatment	Child's last dental exam,		
Name:	Phone:		if available		
Street Address:					
Known health conditions (An individual care possecial dietary requirement due to a health conditions)		are provider is require	d for any food allergies or		

Consent to medical care and treatment of minor children					
I give permission that my child,	may be given				
first aid/emergency treatment by the child care licensee and or qualified staff at:					
Name of Licensee:					
Address of Licensee:					
Parent/guardian signature	Date	Parent/guardian 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 care 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 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		