

# A Child's Delight Learning Center

8551 Dickey Pl NW  
Silverdale, WA 98383

## GENERAL REGISTRATION FORM



Child's name \_\_\_\_\_ Nick name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Child's primary residence \_\_\_\_\_  
(Street, City, Zip)

Mailing address if different \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single Parent \_\_\_\_\_

Visitation arrangements that you want us aware of \_\_\_\_\_

Father's occupation and place of employment \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Mother's occupation and place of employment \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### PICK-UP (ID required)

Emergency Person \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Person \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Names and phone numbers of people permitted to pick up your child from our Center -other than the emergency persons listed above. **(ID will be required)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Who does not have permission to pick up your child? Do you have a restraining order on any of the names provided?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Comments:

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## PERSONAL HISTORY FORM



### PERSONAL HISTORY

Does your child have any specific health problems that the staff should be aware of?  
(I.e. vision or hearing loss, allergies, physical limitations, etc.) \_\_\_\_\_

List any specific fears, likes, or dislikes your child has that might help us to know him/her better: \_\_\_\_\_

Please list names and ages of other members of your family that your child relates to: \_\_\_\_\_

Has your child had any previous group experiences? (i.e. co-ops, Sunday school, child care): \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ What is an average nap time? \_\_\_\_\_ Bed Time: \_\_\_\_\_

Does child have any bowel or bladder irregularities? \_\_\_\_\_ Describe \_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have a good appetite? \_\_\_\_\_ If so which foods are a favorite? \_\_\_\_\_

Please describe anything else about your child or his/her background that might be helpful to the teacher: i.e.: ways to comfort child, child's way of communication if speech is insufficiently developed, etc.

Briefly describe your child (physical appearance, personality, abilities, etc.) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Schedule

Infant Room  Toddler Room  Preschool  Kindergarten  Before and After

Child's schedule: Days \_\_\_\_\_ Time \_\_\_\_\_

Date child entered care \_\_\_\_\_ Date child left care \_\_\_\_\_

### Office Use

Reg. paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_

04/11

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## GENERAL PERMISSION FORM



Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Name \_\_\_\_\_ Date \_\_\_\_\_

Please initial the following items if you grant permission.

\_\_\_\_\_ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center.

\_\_\_\_\_ I hereby grant permission for my child to leave the Center premises under the supervision of a staff member for neighborhood walks.

\_\_\_\_\_ I hereby grant permission for my child to be included in pictures connected with the Center program.

\_\_\_\_\_ I hereby grant permission for a staff member to give my child Syrup of Ipecac only when the Poison Control Center or a Physician has given permission to use.

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Please initial the following if you agree to the Policies and Terms set by A Child's Delight Learning Center. Return this form along with Registration Forms.

\_\_\_\_\_ I have read and understand the Payment Schedule and Billing Policy.

\_\_\_\_\_ I have read and understand the Vacation and Illness Policy.

\_\_\_\_\_ I have read and understand the Discipline Policy.

\_\_\_\_\_ I have read and understand the Parents Handbook and will abide by the written policies for A Child's Delight Learning Center.

\_\_\_\_\_ I have read and understand the Health and Safety Policy Handbook.

\_\_\_\_\_ I have read and understand the Crisis/Disaster Response Handbook.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## HEALTH AND EMERGENCY RELEASE FORM



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Child's last physical (mm/dd/yy) \_\_\_\_\_

Health Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Providers Address \_\_\_\_\_

Dentist Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist Provider Address \_\_\_\_\_

Special Health Concerns \_\_\_\_\_

Allergies, including drug reactions \_\_\_\_\_  
(Please fill out Special Needs Form, for some special needs a physician signature may be needed.)

Regular Medications \_\_\_\_\_ Other Pertinent Information \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child \_\_\_\_\_ may be given emergency treatment by a qualified childcare provider at A Child's Delight Learning Center located at 8551 Dickey PI NW, Silverdale, WA. 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, healthcare provider, hospital or paramedic when deemed necessary or advisable by the physician or paramedic to safeguard by child's health. I waive my right of informed consent to such emergency treatment.

**I also give my permission for my child to be transported by ambulance or aid car to an Emergency Center for treatment.**

**I understand that all costs will be my responsibility.**

**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's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_