

Teacher _____ Bus# _____ School _____ Reg. Pd ck# _____ Date Pd: _____

WVCC Registration Form

WA state department of child, youth & families requires each line to be filled in

Child's Name _____ Birth date _____
Last First Middle

Child's Primary residence _____

Responsible billing party _____ S.S. # _____

Billing Address _____ Zip code _____

Mother _____ Address _____ Phone _____

Employer _____ Phone _____

Father _____ Address _____ Phone _____

Employer _____ Phone _____

Who is authorized to pick up this child from W.V.C.C?

If we are unable to contact mom or dad, whom may we call?

Name _____ Relationship to child _____

Address _____ Phone # _____

Name _____ Relationship to child _____

Address _____ Phone # _____

List any specific health problems, behavioral, allergies, which the staff should be aware of, If your child has allergies we may need an individual health plan.

Current Medications: _____

Child's Physician: _____ Phone# _____

Child's Dentist: _____ Phone # _____

Date of Last Physical Exam: _____ Date of Last Dental Exam: _____

As a parent/legal guardian of _____, I hereby authorize West Valley Child Care of Yakima WA to transport my child and to consent to any medical or surgical treatment of the above named child, which such persons deem advisable, if a parent/guardian cannot reasonably be located when child is brought for treatment. I want my child to be taken to _____ Hospital. I give permission for West Valley Child Care personnel to administer CPR and /or First Aid if deemed necessary.

Signature of Parent/Guardian _____ Date _____

I have read/understood and agree to abide by the policies of West Valley Child Care:

Signature of Parent/Guardian _____ Date _____

I permit my child _____ to have and use the following non-medical medications while attending West Valley Child Care. Please initial any or all that you give permission to use.

____ chap stick ____ lotion
____ sunscreen ____ hand sanitizer
____ other _____

Signature of Parent/Guardian _____ Date _____

Attendance Schedule:

West Valley Child Care centers open at 7:00am and close at 6:00pm.

Please keep us informed and up to date as to your child's schedule. The following schedule will be in effect until you notify us otherwise. Please call us if your child will not be attending the center on the days you have signed up for. We need to be notified if they are absent on their regularly scheduled days. We need to know exactly when to expect your child so that we know they are safe & where they are supposed to be.

Please circle morning, afternoon or both:

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Please check one:

- ☐ This is a permanent schedule (until further notice)
- ☐ This schedule is for the week of: _____