

<b>West Valley Child Care registration form</b>		Date child entered care	Date child left care																				
Child's name (Last, First, Middle)		Name 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 # (    ) -	work phone # (    ) -	parents social security number																				
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 # (    ) -																				
<p><i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i></p> <p>Parent/Guardian signature: _____ Date: _____</p> <p><b>In an emergency, if you are not able to contact me, contact the following:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name (first and last)</th> <th style="width: 15%;">cell phone #</th> <th style="width: 15%;">home phone #</th> <th style="width: 35%;">alternative phone #</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> </tr> <tr> <td> </td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> </tr> <tr> <td> </td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> </tr> <tr> <td> </td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> <td style="text-align: center;">(    ) -</td> </tr> </tbody> </table>				Name (first and last)	cell phone #	home phone #	alternative phone #		(    ) -	(    ) -	(    ) -		(    ) -	(    ) -	(    ) -		(    ) -	(    ) -	(    ) -		(    ) -	(    ) -	(    ) -
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<b>Child's health information</b>																							
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: (    ) - _____ Street Address: _____		Child's last physical exam, if available																					
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: (    ) - _____ Street Address: _____		Child's last dental exam, if available																					

Is there anything about your child WVCC needs to know in order to better support your child? Please list any and all health/behavioral concerns. (An individual care plan from a child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)

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: \_WVCC

Address of Licensee: list site (school)

Parent/guardian signature	Date	Parent/guardian signature	Date
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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, or hospital when deemed necessary or advisable by the physician 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
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