

**LAKEVIEW DAY CARE
CHILD CARE REGISTRATION & CONTRACT**

How did you hear about us? This is important because it helps us spend our advertising dollars effectively which in turn helps us keep our child care rates affordable.

- Website
- Phone book
- Child Action Council
- Friend or Acquaintance
- Driving by
- Other - Please explain _____

Date Care will begin _____

Child's Name: _____ Date of Birth: _____

Parent(s) name(s): _____

Child's primary residence: _____

Home Phone: _____

Is child living with both parents? _____ If not, with whom? _____

Mother's day phone: _____ Employer: _____

Employer Address: _____

Father's day phone: _____ Employer: _____

Employer address: _____

Emergency person: _____ Phone: _____

Emergency person: _____ Phone: _____

Persons permitted to pick up your child from care:

Name: _____ Phone: _____ Relationship: _____

Address _____

Name: _____ Phone: _____ Relationship: _____

Address _____

Children will be released only to parent or guardian or those persons designated above as having been granted permission by the parent or guardian. Upon arrival, such persons must show positive identification before the child leaves the facility (driver's license with photograph). Any other arrangements must be discussed with the facility director, and documented in the child's registration file.

IMPORTANT INFORMATION ABOUT YOUR CHILD

1. Has your child had any previous group experiences? (co-op, Sunday school, home day care)
Yes_____ No_____

If yes, what was your child's reaction:_____

2. Does your child have a good appetite?
3. List any specific fears, likes or dislikes your child has that might help us to know him/her better:
4. What method of discipline is used in the home?

Note: WAC 388-73-048 prohibits the use of corporal punishment (spanking). Licensed child care providers are not allowed to use corporal punishment even when requested to do so verbally or in writing by the parent/guardian.

5. Does your child take naps?
6. Does your child need something to sleep with (blanket, stuffed animal, doll, toy?)
7. Is your child fully toilet trained?
8. How does your child indicate their need to use the toilet.
9. Is there any other information we need to know regarding your child's behavior, emotional or social needs?

SPECIFIC EMERGENCY PROCEDURES

Please review this agency's written medical policies and procedures in the Policies and Procedures Handbook. **If you wish a different procedure to be followed with your child in the event of a medical emergency, please check here _____ and detail procedures on the back of this page as the day care provider must know who to contact and steps to be taken.**

Consent to Emergency Medical Care and Treatment of Minor Children

I,-----(the natural parent or legal guardian)
hereby give permission that my child, _____
may be given emergency treatment to include first aid and CPR by a qualified child care staff member at Lakeview Day Care.

I further authorize and consent to medical, surgical and hospital care, and to treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. If I cannot be contacted, I waive my right to informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Child's Physician _____
Address _____
Telephone _____

Date of last physical exam _____
Health History _____

Allergies (drugs, food or other) _____

Mother's Name _____ Daytime Phone _____
Daytime Address _____

Father's Name _____ Daytime Phone _____
Daytime Address _____

The undersigned accepts all financial responsibility for necessary treatment and services as defined above.

Signature _____ Date _____

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FIELD TRIP RELEASE

I hereby give my permission for my child _____
to participate in field trips arranged by Lakeview Day Care staff and authorize the care giver to
provide the transportation of my child to such activities via public transportation,
YMCA bus or Lakeview Day Care Bus.

It is my understanding that all necessary precautions will be taken for the safety of the children
on such trips. In case of accident, I will not hold liable the day care facility staff, other
accompanying adults, or persons at the place of destination.

Upcoming field trips will be posted in the day care reception area several days in advance and
a written notice will be placed in my child's cubby. I understand that it is my responsibility to
inform day care staff if I do not wish my child to be included in that particular field trip.
Unless I have informed them otherwise, the staff may include my child in the planned field
trip.

Signature

Date

SCHOOL BUS RELEASE (IF APPLICABLE)

I hereby give my permission for my child _____
to travel on the Thurston County School District bus to attend school.

Signature

Date

PHOTOGRAPH RELEASE

Lakeview Day Care staff sometimes take photographs of the children enjoying their activities for display in our center or for art projects the children make for parents. Please sign below to give your consent.

I hereby give my permission for Lakeview Day Care staff to photograph my child _____

Signature

Date