|  |  |  |
| --- | --- | --- |
| **CHILD CARE REGISTRATION FORM** | Date Child Entered Care | Date Child Left Care |
| Child’s Name: Last, First, Middle | Nickname Used | Birthdate |
| Street Address City Zip Code |
| Child’s Parent / Guardian Name | Home Phone # | Cell Phone # |
| Occupation | Email Address: | Social Security Number | Alternate / Work # |
| Street Address City Zip Code |
| Address Where You Can Be Reached While Child Is In Care City Zip Code |
| Child’s Parent / Guardian Name | Home Phone # | Cell Phone # |
| Occupation | Email Address: | Social Security Number | Alternate / Work # |
| Street Address City Zip Code |
| Address Where You Can Be Reached While Child Is In Care City Zip Code |
| **Other Than You, Who Else Has Permission To Pick Up Your Child?**In case of emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.**Parent / Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | Address | Telephone Number |
| Name:Relationship: |  |  Home:Cell:Alternate: |
| Name:Relationship: |   |  Home:Cell:Alternate: |
| Name:Relationship: |  | Home:Cell:Alternate: |
| Name | Address | Telephone Number |
| Name:Relationship: |  | Home:Cell:Alternative: |
| Name:Relationship: |  | Home:Cell:Alternative: |
| Name:Relationship: |  | Home:Cell:Alternative: |
| **Who does NOT have permission to pick up your child? If applicable (A copy of supporting court document must be on file)** |
| Name | Reason |
|  |  |
|  |  |
|  |  |

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| --- |
| **Child’s Health Information** |
| Date of Child’s Last Physical Exam: | Child’s Health Care Provider: | Telephone Number: |
| Street Address City Zip Code |
| Was your Child Born Premature? If so, how many weeks? |
| Special Health Problems? Yes or No If Yes, Please Specify. | Allergies, Including Drug Reactions? Yes or No If Yes, Please Specify. |
| Regular Medications? Yes or No If Yes, Please Specify. | Other Important Information? Yes or No If Yes, Please Specify. |
| Child’s Dentist Name | Telephone Number |
| Street Address City Zip Code |
| **Child’s Medical Insurance Coverage** |
| Insurance Company Name | Member / Policy Number |
| Policy Holder Name | Employer Name |
| Insurance Company Name | Member / Policy Number |
| Policy Holder Name | Employer Name |
| **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: **NOAH’S ARK DAYCARE** **2483 MITCHELL RD SE** |
| **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 car 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 ir 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** |
| **Exposure To The Following** |
| Chicken Pox? Yes or No German Measles? Yes or No Mumps? Yes or NoMeasles? Yes or No Whooping Cough? Yes or No Other?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Operations Or Serious Injuries? What / When? | Any Specific Activities To Be Discouraged? |
| Are Immunizations Up To Date? Yes or No If No, Please Explain: |
| Date of Last Tetanus Shot: (DTaP, DTP, or DT) |  |
| Any Other Information About The Child That Would Be Helpful For Staff Or Their Physician To Know? |

**Schedule of Care**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List The Child’s Approximate Arrival and Departure Times:

|  |  |
| --- | --- |
| **Arrival** | **Departure** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child’s schedule of care changes, please let us know right away.

**Registration Agreement**

We have reserved a place for your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the year beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M/D/YY).

Type of Billing (Circle One): DSHS Private

**DSHS Billing Only:**

Co-Pay? Yes: Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

**Private Billing Only:**

Registration: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The first payment is due on or before the FIRST day of care unless other arrangements have been made promptly with the director. Failure to pay your tuition or co-pay by the end of the month could result in a disruption of care. Registration fees and tuition are nonrefundable.

**Payments**

Monthly rate fees are payable on the first day of the month and considered late after the 15th of the month.

**Late Charges**

A late charge of $15 will be charged to your account after the 15th of the month. This charge will appear on your next invoice. There will be a $25 NSF charge for returned checks. If your checks are returned more than once, you will be asked to pay in cash or money order in the future.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE**: Your monthly fee reserves a place for your child at Noah’s Ark Daycare. The payment thus holds that spot for the child on the scheduled days, whether or not the child is actually present on a given day. Noah’s Ark Daycare schedules its staff based on the total number of reservations in each particular class / age group on each given day. For this reason, there are no deductions or credit of fees for absences except in the case of prearranged vacations (private pay).

**CONSENT FORM**

**Food Allergy**

Due to the allergic reactions of some food served, the staff needs to be aware of the children with food allergies. The daycare needs permission to serve your child these foods: (Children under 1 year of age are not applicable due to potential botulism, but may be signed at a later date)

I give Noah’s Ark Daycare permission to serve my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, honey or Honey Grahams.

I give Noah’s Ark Daycare permission to serve my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, peanut butter.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Picture Taking and Video Surveillance of Minor Child**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may have their picture taken at Noah’s Ark Daycare and it may be used in social media promotion.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may have their picture taken at Noah’s Ark Daycare to be used around the center (classroom display, bulletin boards) and not for promotional purposes.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and give permission that my child will be in areas that are video surveilled. This surveillance is only accessible to directors and state authorities, if needed.

**Parent / Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Preparedness Plan**

As a parent or guardian, I have been made aware of Noah’s Ark Daycare’s disaster plan and agree to abide by it and all the other rules and regulations of Noah’s Ark Daycare.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Water Play Permission**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in water play activities, including; water tables, sprinklers, and spray bottles.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Contract**

In order to assure that parents who are new to Noah’s Ark Daycare clearly understand the policies and procedures of Noah’s Ark Daycare, we ask you to read and initial the following, thus indicating your agreement and commitment to each item:

1. \_\_\_\_\_\_\_\_ Parents are responsible for payment of fees promptly.
	1. Fees are due the first day of child care. We require **advance** payment for service.
	2. Fees are considered late after the 15th of the month. A late fee of $15 will be charged to your account unless previous arrangements have been made by the Co-Directors.
	3. All returned checks will be charged a $25 NSF. Returned checks will need to be settled with the director by money order or cash before child care may resume.
2. \_\_\_\_\_\_\_\_ Parents are to pick up child(ren) prior to 6pm, when Noah’s Ark Daycare closes. A charge of $1 a minute will be assessed for pickups after that time. This fee is to be paid directly to the staff member waiting with the child.
3. \_\_\_\_\_\_\_\_ There is a one-week vacation credit (Private Pay Only) for any and all absences per year. (Jan 1-Dec31) You will be charged your regular rate for all other absences to secure you child’s place at Noah’s Ark Daycare.
4. \_\_\_\_\_\_\_\_\_Parents / Guardians must bring the child into Noah’s Ark Daycare each day and make certain the teacher is aware of their arrival. You **MUST** sign in with the time of arrival and a **FULL LEGAL SIGNATURE. You must sign you child in first before dropping them off with their class!** This includes when their class is outside.
5. **\_\_\_\_\_\_\_\_** When picking up the child, parents / guardians must inform the teacher of child’s departure. The child **MUST** be signed out with their departure time and a **FULL LEGAL SIGNATURE**. **Do not exit from the playground area.**
6. \_\_\_\_\_\_\_\_ The child will not be brought to Noah’s Ark Daycare with a fever, diarrhea, or vomiting within the previous 24-hour period. Children too ill to participate in the full program, including outside play, are not to be brought to Noah’s Ark Daycare.
7. \_\_\_\_\_\_\_\_ All children, regardless of age, must have a change of clothing at Noah’s Ark Daycare at all times.
8. \_\_\_\_\_\_\_\_ Parents are to inform Noah’s Ark immediately of any changes in address, phone number, employment, emergency contact information, and / or other changes in family situations.
9. \_\_\_\_\_\_\_\_ Without written consent and instructions from the child’s doctor, Noah’s Ark Daycare staff **CANNOT** administer medication.
10. \_\_\_\_\_\_\_\_ The directors must be notified in writing **two weeks in advance** of a child’s withdrawal from Noah’s Ark Daycare. Parents will be required to pay for the two weeks regardless of the date of the child’s last day of attendance.
11. \_\_\_\_\_\_\_\_ If, after a reasonable amount of time, (as determined by the directors) it is found that the child is unable to adjust adequately to Noah’s Ark Daycare, the directors may suggest finding a facility that is a better fit for your family.
12. \_\_\_\_\_\_\_\_ Noah’s Ark Daycare reserves the right to part ways, at any time, if we feel we are not a good fit for your family, or if respectful communication is not being used.
13. \_\_\_\_\_\_\_\_ I have received, read, and understand the Parent Handbook practices and policies.
14. \_\_\_\_\_\_\_\_ As parent / guardian, I agree to abide by all of the above and other rules and regulations of Noah’s Ark Daycare.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT’S MEDICAL AUTHORIZATION AND LIABILITY RELEASE AGREEMENT**

To the best of my knowledge, this health history is correct and true and the person herein described has permission to engage in all prescribed group activities except as noted by me. By injury, disability, property damage, loss or damage of any kind sustained or that may hereafter be sustained by the connection with the child’s participation in said program. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent / 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 Noah’s Ark Daycare. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed by the child’s regular physician or, when necessary or when that physician cannot be reached, by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waived my right of 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.

**Parent / Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Corner**

*We would love to know a little more about your family!*

*Please use this space to tell us a little bit about your home life and culture.*