

<b>West Valley Childcare Registration Form</b>	Pd Ck/R#		Pd Date		Date Entered Care
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Teacher	Bus #	Date Left Care
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Child's Name (Last, First, Middle)	Preferred Name	DOB
Gender	Preferred Gender	
Street Address	City	State/Zip

**Primary Parent/Guardian Information (Responsible Billing Party)**

Child's Parent/Guardian Name	Parent/Guardian Social #
Address	Email
Employer	Work Phone
Home Phone	Cell Phone

**Secondary Parent/Guardian Information**

Child's Parent/Guardian Name	
Address	Email
Employer	Work Phone
Home Phone	Cell Phone

**In Case of Emergency/ Pick-up List**

In case of emergency, I approve the following to be contacted or give permission for them to pick up my child:

Parent/Guardian Signature	Date
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Name (First and Last), Relationship to Child	Cell Phone	Alternate Phone

**Child's Health Information**

Child's Medical Care Provider or Parent/Guardian's Preferred Medical Facility for Treatment	Phone
Name of Provider/Facility	Date of Last Exam
Street Address	

Child's Medical Care Provider or Parent/Guardian's Preferred Medical Facility for Treatment	Phone
Name of Provider/Facility	Date of Last Exam
Street Address	

As the Parent/Guardian of \_\_\_\_\_, I hereby authorize West Valley Childcare of Yakima, WA to transport my child and to consent to any medical or surgical treatment of the above name 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 \_\_\_\_\_. I give permission for West Valley Childcare personnel to administer CPR and/or First Aid if deemed necessary. I also give permission to transport via ambulance if necessary. By signing, I waive my right to informed consent in emergent situations when I cannot be contacted.

Parent/Guardian Signature	Date
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Please list any specific health problems WVCC staff should be aware of (i.e. vision/hearing problems, allergies, physical limitations, etc.) If your child has allergies, we may need an individual health plan.

**Current Medications**

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

**I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct to the best of my knowledge**

**Parent/Guardian Signature**

**Date**