Child Care Registration Form

Pinehurst Child Care Center and Pinehurst School Age Program, A Chapter of Sound Child Care Solutions

Child Information:

child's first name	middle	last	nickname	sex	date of birth
anticipated date child care will start	Classroom	daily schedule / drop-off and pick-up times			

Parent/Guardian Information:

parent/guardian name	relationship to child	Occupation	
address	city	zip code	home phone number
where parent/guardian can be reached while child is in care		address	
daytime phone number	cell phone/pager		e-mail
parent/guardian name	relationship to child	Occupation	
address	city	zip code	home phone number
where parent/guardian can be reached while child is in care		address	
daytime phone number	cell phone/pager		e-mail

Who does the child live with and are there any special arrangements we need to know about?

Medical/Dental Contact:

name of child's physician/Clinic	address	phone number
name of child's dentist	address	phone number
date of child's last physical exam	date of child's last dental exam	

Child Care Registration Form

Other than you, who else has permission to pick-up your child?

name	relationship to child	address	phone number

People to notify in case of emergency:

name	relationship to child	address	phone number

Out-of-State Emergency Contact:

Emergency services will be overwhelmed following a disaster. Be prepared to take care of yourself and those around you for at least 72 hours (Pinehurst has a disaster response plan to help us care for your child until it is safe for you to pick him/her up.). It will be best for all, if we keep the lines open for life saving 911 calls for the first three hours after a disaster. Ask an out of state friend or relative to be your "family contact". After a disaster it is often easier to call long distance. Other family members should call this person and tell them where they are. Pinehurst may need this contact to reach you also.

Name of out of state friend or relative: _____

(_____) _____ _____ (day) (_____) _____ _____ (evening)

e-mail _____

How did you find out about Pinehurst Child Care Center and Pinehurst School Age Program?

_____ family member/friend _____ Childcare Resources _____ telephone book

_____ web-site _____ other (please specify: _____)

_____

parent/guardian signature date

_____

parent/guardian signature date

Child Care Registration Form

Child's complete medical information:

1. Are there allergies to any medications, foods, or other substances (peanuts, bee stings, pollen, soap, etc)? Please list substances, allergy symptoms and treatment.

2. State child's current health status (are there illnesses, disabilities, is s/he on a medical treatment plan, etc.?) Please specify.

3. What medications are currently being used by your child?

4. Is your child on a special diet (non-dairy, vegetarian, etc), or taking any food supplements (vitamins, nutrient concentrates, etc)? Please specify.

5. Please list any special needs or developmental concerns (speech, hearing, walking, etc).

6. Does your child use any medical devices? Please specify.

7. Please detail your child's past health history (including hospitalizations, illnesses, etc):

8. Any other medical information that may assist us in providing care for your child**:**

Child Care Registration Form

Other personal information about your child:

1.	Is your child's home language English? Yes No Please list other languages spoken at home:
2.	Does your child take a nap? Yes No Explain how long their nap usually lasts and if they use a favorite blanket, toy, or pacifier:
3.	Is your child toilet trained? Yes No List words your child uses for going to the toilet/potty:
4.	Does your child require help with feeding, toileting, dressing, or other self-help skills? Please specify:
5.	When your child is upset, what works to comfort him/her?
6.	How does your child express anger and/or frustration?
7.	Does your child have any particular fears? Yes No Please explain:
8.	How do you discipline your child? What words do you use?
9.	Does your child have special food likes or dislikes?
10.	Please list your child's favorite games, toys, or activities:
11.	Other information that may assist us in providing better care for your child.

Pinehurst School Age Program information:
12. Does your child attend elementary school? Yes No Name of school and grade level:
13. Please explain arrangements for your child to get to and from elementary school.

Parent/Guardian Agreement with Pinehurst Child Care Center and Pinehurst School Age Program

Child Care Registration Form

A Chapter of Sound Child Care Solutions

The following provisions constitute an agreement between **Pinehurst Child Care Center and Pinehurst School Age Program** and the parents/guardians of:

_____

1. Care is contracted for the following days and times each week:

   _____

2. For the time contracted, a monthly fee of $ _____ will be paid in advance of the first of each month. With each payment I will include the name of my child and what the payment covers. Tuition payments may be left at the front desk or given directly to the supervisor.

3. A completed registration form and immunizations record must be completed before a child starts.

4. I understand other fees I may be charged include:
   - A non-refundable registration fee of $75.00 per child.
   - A Deposit of one month's preschool rate tuition that will apply to your child's last month is required.
   - A $25.00 charge for any checks returned for non-sufficient funds.
   - A $25.00 surcharge for monthly fees received after the fifth of the month.
   - A late fee of $1.00 per minute for a child picked up after 6:00pm (this is payable to the teacher at the time of lateness).
   - A $10.00 per hour charge (up to a maximum of **12** hours), for each Parent Participant hour I do not complete. This fee will be charged at the end of December for each of the **12** Parent Participant hours are not completed during the previous 12-month period. (NOTE: **Schoolage** program requires parents to participate **6 hours** a year)
   - Certain classroom enrichment activities offered through outside vendors, such as The Tumble Bus, and Inspire Fitness are subject to parent/guardian consent and additional fees.

5. I understand that no refunds are given for absences due to illness, holidays or personal reasons.

6. Notice of withdrawal from the Center must be given one month in advance of the last scheduled day of enrollment.

7. I understand that any changes in this agreement must be negotiated between the Center Director and myself at least two weeks prior to the effective date.

8. The Pinehurst staff has my permission to take my child on walks and field trips, using public transportation or private cars. Seat belts will be used whenever cars are taken, and when needed I will provide a car seat or booster seat for my child.

9. I authorize Pinehurst Child Care Center and Pinehurst School Age Program to care for my child/ren***. I have given my consent for emergency medical care and treatment and turned in registration and immunization forms.*** I will keep the Center current on all relevant information regarding my child/ren. I will read and abide by the policies outlines in the Parent Handbook and the terms of this agreement.

_____

parent/guardian signature date

Child Care Registration Form

Parent/Guardian Consent to Medical Care and Treatment of Minor Child

I _____, (the parent or legal guardian), hereby give permission for my child, _____, to receive emergency treatment that includes first aid and CPR from a qualified child care staff member at Pinehurst Child Care Center and Pinehurst School Age Program, A Chapter of Sound Child Care Solutions.

I further authorize and consent to medical, surgical and hospital care, treatment or procedures to be performed for my child by my child's regular 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 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

Child Care Registration Form

Pinehurst Child Care Center and School Age Program
A Chapter of Sound Child Care Solutions

Infants through Preschool Site
7330 35th Ave NE
Seattle, WA 98115
206-365-2197
206-985-0370 fax
pinehurstccc@yahoo.com

School Age Site
11051 34th Ave NE Rm 123, 102 & 103
Seattle, WA 98125
206-919-7031 cell

Dear Parent/Guardian

Welcome to you and your child(ren) to Pinehurst Child Care Center and Pinehurst School Age Program. We want to be sure that you know where to find valuable information about Pinehurst policies.

At each site you will find the following handbooks:

- Pinehurst Family Handbook
- Community Agencies and Services (Family Resources)
- NAC Accreditation Standards
- Pinehurst's Health and Safety Policies
  - Health Policy
  - Blood borne Pathogens Policy
  - Pesticide Policy
  - Pet Policy
- Dept. of Health: Nurse Visits (for Infants only)
- Emergency/Disaster Preparedness Plan
- Washington State Minimum Licensing Requirements for Child Care Centers and School Age Programs

You may request to see copies of the most recent child care center checklist for licensing renewal and facility licensing compliance agreement for any deficiencies noted and copies of the most recent child care centers monitoring checklist and facility licensing compliance agreement for any deficiencies noted.

We also have a Parent Board for communicating family and center events.

To ensure that all families have had access to Pinehurst Center information and have had the opportunity to have their questions answered before enrollment, we take families on a tour of the center, introduce them to classroom teaching staff, give an overview of the policies in our Parent Handbook, offer the opportunity for an extended visit in the classroom for both parent and child, and offer an opportunity for a conference between teaching staff and the family to discuss the expectations of the family and the needs of the child. We request you sign this form so we may put it into your child's file.

I, _____ am the parent/guardian of _____ and I know of the
(print name) (print name)
above handbooks and have access to them and can ask questions about them at any time.

Parent Signature _____ Date _____

Child Care Registration Form

Child Care Registration Form

Family Questionnaire About Holidays

Dear Families,
Your answers to the following questions will help us greatly in our efforts to develop an inclusive, sensitive approach to holiday celebrations and to planning activities appropriate for your child's age and developmental level. Thank you for taking the time to fill this out.

1. On a scale of 1-10, how important are holidays to your family? (One is unimportant and ten is essential)

2. What special days do you celebrate in your family? How do you celebrate them?

3. How would you like our program to support or reflect you celebrations? Or, if your family does not celebrate holidays, how would you prefer us to work with you and your child if/when we have holiday activities in our program?

4. What would you like your child to gain from holiday activities while attending our program?

5. What concerns do you have about holiday activities?

6. How do you feel about your child learning about or participating in holiday activities that are not part of your family's tradition? Are there any holidays you would object to?

Child Care Registration Form

7. Religion plays an important role in many holidays. While considering these next questions, please keep in mind that teachers would not teach any religious perspective as the "right" religion, rather we would always say "Some people believe…" or "At Sally's house, they believe…."

7a. What religious holidays, if any, do you celebrate in your home?

7b. How do you feel about your child experiencing in our program the religious aspects of holidays you celebrate in your family?

7c. How do you feel about your child being exposed to religious aspects of a holiday that your family may not believe in?

8. How would you like to participate in holiday activities in the classroom?

Child Care Registration Form

Pinehurst Child Care Center, A Chapter of Sound Child Care Solutions

Consent Form for Photography and Video Recording of Children

Dear Parent/Guardian,

Before taking any photographs/videos/sound recordings of your child for use outside of your child's classroom, we need your permission.

The children included in the images/photographs/sound recordings will not have their last name, address, or telephone number disclosed. The only information that may be used with the images would be your child's first name and age.

We would be happy to share the images of your child taken through Pinehurst. Some examples of ways we may share these photographs/videos/sound recordings may include newsletters (classroom, center, consortium), our web site, in marketing materials including brochures, etc.

You may withdraw your consent at any time before the images are incorporated into any learning materials or in any marketing by informing Pinehurst in writing. After the images are incorporated into the materials they will be permanently available.

I am the person responsible for the child and I understand that by signing this consent form staff or professional photographers acting on behalf of Pinehurst may take images for use in learning materials and marketing materials.

If I choose to not give consent for my child's photographs/videos/sound recordings to be taken and used in accordance with this consent form, I understand photographs/videos/sound recordings of my child may still be taken and used in my child's classroom which may include Children's Journals, pictures displayed in classroom, classroom group photos, a classroom video of the children to be viewed by children and families in the classroom, etc.

_____**Yes**, I give my consent for photographs/videos/sound recordings to be taken and used in accordance with this consent form.

_____**No**, I do not give permission for photographs/videos/sound recordings to be taken and used in accordance with this consent form. However, I do consent for photographs/videos/sound recordings to be taken and used within my child's classroom only.

Name of Child_____

Parent/Guardian Signature_____

Date_____

Child Care Registration Form