

**TLC Preschool
Child Care Register**

Date Child Entered Care _____ Date Child Left Care _____

Child's Name _____ Birthday _____

First Middle Last

Address _____

Address City State Zip

Father's Name _____

Home Phone Cell Phone

Address _____

Address City State Zip

Employer _____

Work Phone

Mother's Name _____

Home Phone Cell Phone

Address _____

Address City State Zip

Employer _____

Work Phone

With whom does the child live? _____

Siblings _____

Other people to notify in case of emergency:

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Other than you, who has permission to pick up your child:

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Who does not have permission to pick up your child:

Name _____ Reason _____

Name _____ Reason _____

Child's Health Information

Date of last physical exam. _____ Tetanus Shot _____

Child's Name _____

First

Middle

Last

Child's Doctor _____ Phone _____

Address _____

Address

City

State

Zip

Special health problems _____

Regular medications _____

Allergies to foods or drugs? _____

Other pertinent data _____

Child's Dentist _____ Phone _____

Address _____

Address

City

State

Zip

Medical Insurance

Insurance Company _____

Member/Policy Number

Police Holder's Name _____

Employer's Number

Insurance Company _____

Member/Policy Number

Police Holder's Name _____

Employer's Number

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Consent for Medical Care and Treatment of Minor Children

I hereby give permission that my child, _____, maybe given emergency treatment by a qualified person at the TLC Early Learning Center, 14030 89th Ave NE, Kirkland.

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 or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature _____ Date _____

Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian's Signature _____ Date _____

Phone _____ Cell Phone _____ Work Phone _____



Permission Authorization

Child's Name _____

First

Middle

Last

Provider's Name _____

The provider or assistant has my/our permission to transport my/our child in a motor vehicle to go:

- | | | |
|--|-----------|----------|
| 1. On field trips (including the park) | Yes _____ | No _____ |
| 2. To and from school | Yes _____ | No _____ |
| 3. To obtain medical care | Yes _____ | No _____ |
| 4. On occasional Errands | Yes _____ | No _____ |
| 5. Gymnastics | Yes _____ | No _____ |
| 6. Other (specify below) | Yes _____ | No _____ |

This permission is granted on condition that the provider complies with provision of WAC 170-296-1250 Transportation.

The provider or assistant has my permission to:

- | | | |
|--|-----------|----------|
| 1. Take my child on walks | Yes _____ | No _____ |
| 2. Take my child on public transportation | Yes _____ | No _____ |
| 3. Take my child swimming | Yes _____ | No _____ |
| 4. Take photographs of my child | Yes _____ | No _____ |
| 5. Give my telephone number and address to other parents | Yes _____ | No _____ |
| 6. Post my child's picture on the TLC private Facebook account | Yes _____ | No _____ |
| 7. Post my child's picture on the TLC web site | Yes _____ | No _____ |
| 8. Other (specified below) | Yes _____ | No _____ |

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____