

<b>Child Care Registration Form</b>				Date child entered care	Date child left care
Child's name	Last	First	Middle	Name (Nickname) used	Birthdate
Street address			City	Zip code	
Child's parent/guardian name		home phone # ( ) -	cell phone# ( ) -	alternative phone # ( ) -	
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# ( ) -	alternative phone # ( ) -	
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?					
Name		Address		Telephone number	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
Name: Relationship:				Home: ( ) - Cell: ( ) - Alternative: ( ) -	
In case of an 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: ( ) - 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

Child's health information		
Date of child's last physical exam:	Child's health care provider	Telephone number (    )    -
Street address	City	Zip code
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	
Child's dentist's 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 a the child care licensee and/or qualified staff at:	
Name of Licensee _____,	
Address of Licensee _____.	

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 or 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

## Preschool/K Child's Information

Child's name \_\_\_\_\_ Birth

Date: \_\_\_\_\_

My child's current interests, strengths and challenges are:

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What else should we know about your child to make their experience at MPC successful?

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What childcare experience has your child had outside the home?

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Define your expectations / desires for your child's experience at MPC:

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Describe your child's current nap or quiet time routine (include time):

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Describe your child's current toileting independence:

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How much screen time (TV, computer, etc.) does your child currently have each day?

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How much outdoor time does your child currently have each day?

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## Photo Release

I agree to allow MPC School to use my child's picture/video for use in:

Advertisement

Parent communication

Parent Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

## Field Trip Permission Form

I hereby grant Montessori Peace Centers permission to take my son/daughter,  
(name) \_\_\_\_\_ off campus for field trips for the 2018-2019 school year.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_



## Sunscreen Authorization Form

<b>Child's Name:</b>	<b>Date of Birth &amp; Age:</b> <small>(Do not apply on infants 6 months &amp; younger without written permission from health care provider)</small>
<b>Start Date:</b>	<b>Stop Date: (up to 6 months after 'start date')</b>
<b>Times to be Applied:</b>	<b>Special Instructions:</b>

I authorize the use of the following sunscreen on my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

Program-Provided Sunscreen OR Parent Provided (circle one)

<b>Name of Sunscreen &amp; SPF:</b>	<b>Active Ingredients:</b>
<b>Possible Side Effects:</b>	<b>Other Label Information:</b>

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Storage: Room temperature