

Emergency Registration Form

Enrollment Information

Contact Information

Name of Child: _____ Birth Date: _____

Primary Contact Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone#: _____

Employer: _____ Work Phone#: _____ Ext: _____

Secondary Contact Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone#: _____

Employer: _____ Work Phone#: _____ Ext: _____

Emergency Contact (Person other than parent or guardian that is authorized to pick up child)

1. Name: _____ Relationship: _____ Phone#: _____

2. Name: _____ Relationship: _____ Phone#: _____

3. Name: _____ Relationship: _____ Phone#: _____

Medical/Dental Information

Insurance Provider & Policy Number: _____

Primary Physician: _____ Phone: _____

Dental Provider: _____ Phone: _____

Does your child have any allergies? Yes No

List all allergies or other health problems (including instructions for providing best possible care regarding stated conditions. Do any of the medical conditions restrict the child's activities?)

I, _____ (name of parent), give permission for Sunshine Early Learning Center to provide all necessary emergency medical, dental or other care for _____ (name of child). This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent. The provider is required to try to contact me, the other parent or legal guardian at one of the above telephone numbers. At no time will the provider attempt to drive the sick or injured child to an emergency medical facility. The nearest hospital is Milwaukie Providence.

My preferred hospital is: _____

Parent/Guardian Signature: _____ **Date:** _____

Child Information

Preferred language: _____ Other languages spoken at home: _____

Who does the child live with? _____

Does your child have a 504 plan, IFSP or IEP? If yes, please include with enrollment paperwork. Yes No If yes, is there any information that can help us best care for your child?

Other information about your child: (i.e. sleep habits, food preferences, likes, or dislikes)

Parent/Guardian Authorization

Please list any restrictions to permission of the following:

My child may be photographed for Posted at Sunshine KidReports Facebook Website

My child will be checked daily for temperature and illness symptoms on arrival.

In an emergency, the childcare facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Please Check one box below:

I will pay my tuition weekly the Friday before care.

I will pay my tuition by the month before I begin care.

_____: (INTIAL) I certify that my job falls under the first responder or essential worker categories and I am required to work during the state of emergency.

_____: (INTIAL) I understand that I am responsible for all tuition charges I may occur during this emergency care service time.

_____: (INTIAL) I understand that once the state of emergency is over that my enrollment will be discontinued at that time.

Weeks/Days Attending

This agreement is made by and between Sunshine Early Learning Center (Certified Licensed Child Care Center) and _____ (Parent/Guardian) of _____ (child)

The following has been agreed upon between the two parties beginning _____.

I agree to the monthly rate of \$_____, to be paid on the _____ of every month or bi-monthly rate of \$_____, to be paid on the _____ of every month and _____ of every month or weekly rate of \$_____ to be paid the Friday before the week begins for my child. Our arrival time will be _____ and pick up time will be no later than _____ on days of attendance. We will be attending the following... **(Check the box that applies)**

Monday Tuesday Wednesday Thursday Friday

Parent Signature _____ Date: _____

Provider Signature: _____ Date: _____