



Washington County Schools' Child Care Registration Form

(A \$25 registration fee is required to reserve your spot in the child care center.)

Child's name: _____
Last First Middle

DOB: ___/___/___ Age: ___ Gender: (circle) Male Female Grade: ___ Homeroom Teacher: _____

Parent/Guardian Information:

Relationship to child _____	Relationship to child _____
Name _____	Name _____
Cell/Phone: _____	Cell/Phone: _____
Address _____ _____	Address _____ _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Child lives with: (circle) Both Parents Single Mother Single Father Joint Custody
Foster Care Grandparent(s) Guardian Other _____

Where will your child go after leaving the center?

- Will be picked up
- Afternoon preschool
- Riding bus

My child will be riding the bus to (address) _____

Phone # for address: (_____) _____

GENERAL HEALTH STATUS:

Allergies, chronic illness, medications, physical limitations: _____

Child's Physician _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

Preferred Hospital _____

Emergency Contacts: Person (s) that can be contacted if parents/guardian is unreachable must be at least 18 years old. **If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIAN(S) WILL be able to pick up the student. A note must be written by the parent/guardian if anyone other than the PERSON LISTED BELOW will be picking up your child. WE CAN NOT ACCEPT PERMISSION BY PHONE. Please inform contacts that they may be asked to show ID before picking up your child.**

Contact One:

Name _____ Phone _____

Relationship to child _____ lives with child does not live with child

Contact Two:

Name _____ Phone _____

Relationship to child _____ lives with child does not live with child

Additional adults (at least 18 years old) authorized to pick up your child:

Name _____

Name _____

Name _____

Person(s) not allowed to see and/or pick-up student per legal restrictions. Check box if legal restrictions are currently in effect. *Court documents regarding restrictions must be on file at school/childcare.

Last Name _____ First Name _____

Last Name _____ First Name _____

Parent/Guardian Permission for Washington County Schools' Child Care Center:

I hereby give permission for my child to take part in the program's activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of the child listed on the front, I will notify child care staff.

I hereby certify that I have read and do understand the above information.

Print Name _____

Signature _____

Date _____