

Child Registration Form
Pinehurst Child Care Center
A Chapter of Sound Child Care Solutions

PLEASE PRINT AND COMPLETE ALL ENTRIES

CHILD NAME (FIRST—MIDDLE--LAST)			NICKNAME		
DATE OF BIRTH	GENDER	ENROLLMENT DATE		DATE CARE ENDED	
SCHEDULE				CLASSROOM	
DOES YOUR CHILD ATTEND ELEMENTARY SCHOOL? YES NO			IF YES, NAME OF ELEMENTARY SCHOOL & GRADE:		
PARENT/GUARDIAN INFORMATION					
PARENT/GUARDIAN #1		RELATIONSHIP TO CHILD		OCCUPATION	
HOME ADDRESS		CITY	ZIP CODE		HOME PHONE
EMPLOYER		ADDRESS (STREET - CITY - STATE - ZIP)		WORK PHONE	
EMAIL				CELL PHONE	
PARENT/GUARDIAN #2		RELATIONSHIP TO CHILD		OCCUPATION	
HOME ADDRESS		CITY	ZIP CODE		HOME PHONE
EMPLOYER		ADDRESS (STREET - CITY - STATE - ZIP)		WORK PHONE	
EMAIL				CELL PHONE	

CHILD RESIDES WITH (Please include all parents, guardians, siblings, live-in caregivers, other relatives, renters, etc.).		
NAME	AGE	RELATIONSHIP TO CHILD
NAME	AGE	RELATIONSHIP TO CHILD
NAME	AGE	RELATIONSHIP TO CHILD
NAME	AGE	RELATIONSHIP TO CHILD

If your family has a shared custody arrangement, or your child regularly lives at more than one residence, please describe these arrangements below, including what days and times your child is usually at one home or the other, and who lives with the child at each residence.

PICK UP PERMISSION (Other than you, who else has permission to pick up your child?)			
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE

EMERGENCY CONTACTS (Other than you, who else should we notify in case of an emergency?)			
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE

OUT OF STATE EMERGENCY CONTACT			
<p>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.</p>			
NAME	RELATIONSHIP TO CHILD	EMAIL ADDRESS	DAY PHONE EVENING PHONE

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD	
<p>I, _____, (<i>the parent or legal guardian</i>), 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 Centel, A Chapter of Sound Child Care Solutions.</p> <p>I further authorize and consent to medical, surgical and hospital care, and 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 my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p>	
<hr/> Parent/Guardian #1 Signature	<hr/> Date
<hr/> Parent/Guardian #2 Signature	<hr/> Date
<p>How did you find out about Pinehurst Child Care Center? Please check all that apply.</p> <p> <input type="checkbox"/> Family member/friend <input type="checkbox"/> Child Care Resources <input type="checkbox"/> Website <input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Outreach Event </p> <p>OTHER:</p>	

Health/Medical Information			
NAME OF CHILD'S PHYSICIAN/CLINIC	PHONE	ADDRESS (STREET, CITY, ZIP)	DATE OF LAST EXAM
NAME OF CHILD'S DENTIST	PHONE	ADDRESS (STREET, CITY, ZIP)	DATE OF LAST EXAM
Was Child:			
→ Full Term	→ Premature	If so, by how much? _____	
1. Does your child have allergies to any medications, foods, or other substances (peanuts, bee stings, pollen, soap, etc.)? Please list substances, allergy symptoms, and treatment.			
2. Please describe your child's current health status (illness, disabilities, medical treatment plans, assistive devices, etc.).			
3. List any medications currently being used by your child.			
4. Please list any special needs or developmental concerns (language delay, autism or a related disorder, behavioral/emotional disorders, etc.).			
5. Please detail your child's past health history (including hospital stays, illnesses, etc.).			
6. Please describe any concerns you may have about your child's development (coordination, hearing, vision, behavioral).			
7. Describe your child's eating (dietary choices, restrictions or intolerances, food likes/dislikes).			
8. Please describe your child's sleeping pattern (usual bedtime, usual wake time, naps, specific problems, rituals, routines, favorite toy or blanket, pacifier).			
9. Please describe your child's toileting (in diapers, toilet training, accidents, reminders needed, special words used).			

PERSONAL INFORMATION ABOUT YOUR CHILD

1. Languages spoken in the home

Primary _____ Secondary _____

2. Describe your child's self-help skills (eating, dressing, washing, cleaning up, etc.).

3. Describe your child's temperament (what works to comfort him/her, how they express anger/frustration, any fears, etc.)

4. Please describe your family's approach to discipline.

5. Describe some of your favorite activities to do together as a family.

6. Describe your child's favorite activities, games, or toys.

7. Describe your child's strengths.

8. What things concern you most about your child?

9. What are your hopes and dreams for your child?

10. What learning goals do you think we should focus on for your child while they attend Pinehurst?

11. Is there anything else you would like us to know about your child?

FAMILY HOLIDAY QUESTIONNAIRE

1. Do you celebrate holidays in your family? If yes, on a scale of 1 (unimportant) to 10 (essential), how important are holidays to your family?

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2. What holidays or special days do you celebrate?

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3. Please share a little bit about how you recognize important holidays or special days in your family. Do you decorate? Share presents? Spend time with family? Go to church/temple?

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4. What would you like your child to learn experience as a result of holiday discussions or activities while attending our program?

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5. What would you like holiday activities or discussions to look like in the classroom?

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

7. Religion plays an important role in many holidays. While considering this next question 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 Amar's house they believe..." How do you feel about your child hearing or learning about the religious aspects of holidays you celebrate at home or the religious stories behind holidays that your family does not celebrate?

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8. What role would you like to play in holiday activities at Pinehurst? Would you be interested in sharing food, books, or oral stories about traditions in your family?

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Consent for Photography and Video Recording

At Pinehurst Child Care Center we regularly take photographs/videos/sound recordings of the children. These photographs/videos/sound recordings and samples of your child's artwork may be used in classroom documentation, individual child journals, newsletters (classroom, center, and consortium), brochures or other marketing materials, private Facebook groups, on our website, etc. The children included in the photographs/videos/sound recordings/ images will not have their last names, address, or telephone number disclosed. Your child's name will not appear on brochures, our website, or marketing material.

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.

By signing this consent form, staff or professional photographers acting on behalf of Pinehurst may take images for use in learning and marketing materials.

If you choose to not give consent for your child's photographs/videos/sound recordings to be taken and used in accordance with this consent form, photographs/videos/sound recordings of your child may still be taken and used in your child's classroom which may include journals, classroom documentation, class emails, class group photos, and videos/sound recordings to be viewed by children and families in the classroom and at family events.

- Yes, I give consent for photographs/video/sound recordings to be taken and used in accordance with this consent form.
- No, I do not give permission for photographs/video/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 (emails to families, documentation posted in the classroom, etc).

Name of Child:

Parent/Guardian Signature:

Date:

Payment and Enrollment Agreement

The following provisions constitute an agreement between Pinehurst Child Care Center (PCCC) and the parents/guardians of:

Name of Child

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 should be placed in the payment box.
3. A completed registration form and immunization record must be completed before a child begins care.
4. We welcome families whose children receive child care subsidies from DSHS or the City of Seattle. Families are required to pay all co-pays by the 1st of the month. Families are also asked to notify us immediately if there are any changes in subsidy or co-payment.
5. I understand that other fees I may be charged include:
 - A non-refundable registration fee of \$75.00 per child (Pinehurst Child Care Center).
 - A deposit of one month's preschool rate tuition that will apply to my child's last month is required for Pinehurst Child Care Center.
 - 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 closing. This is payable to the teacher at the time of lateness.
 - For Pinehurst Child Care Center, a \$15.00 per hour charge (up to a maximum of 12 hours), for each Family Participation hour that I do not complete. The fee will be charged at the end of December for each of the Family Participation hours that are not completed during the previous 12 month period for Pinehurst Child Care Center.
6. I understand that no refunds are given for absences due to illness, holidays, vacation, staff in-service days, snow/storm days, COVID related closures or personal reasons.
7. Notice of withdrawal from our programs must be given one month in advance of the last scheduled day of enrollment. A two-week notice is required for starting or canceling Fare Start meal service.
8. 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.
9. Pinehurst staff has my permission to take my child on walks and fields trip using public transportation. Families will be notified of field trips at least one week in advance.
10. I have been given a copy of the Family Handbook and read the policies.
11. I have reviewed the Health Care Policy (this includes the Blood Borne Pathogen Policy, Pesticide Policy, and any applicable Pet Policy) for the program my child is enrolled in.
12. I have reviewed the Emergency Disaster Preparedness Plan for the program my child is enrolled in.
13. I may review notes from the Public Health Nurse visits to our infant program at any time.

14. I may review Washington State Minimum Licensing Requirements for Child Care Centers and at any time.

15. I may request to see copies of the most recent Child Care Center Checklist and Facility Licensing Compliance Agreement for any deficiencies noted at any time.

16. To ensure that all families have had access to Pinehurst information and have had the opportunity to have their questions answered before their child's start date, we take families on a tour of the program, introduce them to classroom teaching staff, give an overview of the policies in our Family Handbook, offer the opportunity for an extended visit in the classroom, 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.

17. I authorize Pinehurst Child Care Center, to care for my child. I have given consent for emergency medical care and treatment and turned in registration and immunization forms. I will keep Pinehurst current on all relevant information regarding my child. I will read and abide by the policies outlined in the Family Handbook and the terms of this agreement.

Parent/Guardian #1 Printed Name

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Printed Name

Parent/Guardian #2 Signature

Date