



Dragon's Den Enrollment Form

Child's Full Name: _____

Nickname or Preferred Name: _____ Gender: _____ Birthdate: _____

Parent/Guardian

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Ext.: _____

Cellular Phone: _____

Other Contact: _____

Email: _____

Parent/Guardian

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Ext.: _____

Cellular Phone: _____

Other Contact: _____

Email: _____

Step-Parent/Guardian

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Ext.: _____

Cellular Phone: _____

Other Contact: _____

Email: _____

Step-Parent/Guardian

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Employer: _____

Work Phone: _____ Ext.: _____

Cellular Phone: _____

Other Contact: _____

Email: _____

Emergency Contacts:

(Please give the name, address and contact information of two individuals that may be notified in case of an emergency, when parents/guardians are not available. Listed emergency contacts must live in the greater Seattle area.)

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Out of Area Emergency Contacts:

(Please give the name, address and contact information of an individual that may be notified in case of a natural disaster, when local phone lines may not be available. Listed out of area emergency contacts must live outside the state of Washington.)

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Individuals (other than parents/guardians) authorized to pick-up your child

(Please note that authorized pick-up individuals must be 16 or older. Please be advised that all authorized pick-up individuals must show photo identification and be listed on this form in order to pick-up your child. This is a precautionary measure to ensure the safety of your child.)

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____ Relationship to Child: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? If so, please list his/her name below. Also, please attach a copy of the court order or required documentation.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

With whom does your child live? _____

Are there any custody arrangements? _____

Child's Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Other Members of Household:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Anecdotal Information:

What are your child's favorite activities, games or hobbies? _____

What activities would you like to see included in the program? _____

Is there another language, apart from English, spoken in your home? If yes, what language? _____

Is this your child's first child care experience? If no, please explain previous child care experiences. _____

Does your child have any special fears? Please explain: _____

When your child is upset, what works to comfort him/her? _____

How do you discipline your child? _____

How does your child express anger or frustration? _____

How would you describe your child's personality? _____

Is there any additional information which would help us to better know your child? _____

Health Information:

Child's Physician: _____

Address: _____ Telephone: _____

Date of Last Physical: _____ Date of Last Tetanus: _____

Child's Dentist: _____

Address: _____ Telephone: _____

Date of Last Dental Exam: _____

Medical Insurance Plan: _____ Group ID#: _____

Please describe your child's overall health. _____

Does your child have any allergies? If yes, please explain. _____

Is your child currently taking any medication? If yes, please explain. _____

Health History:

Does your child have or has your child experienced any of the following?:

- | | | | |
|------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> allergies | <input type="checkbox"/> anemia | <input type="checkbox"/> asthma | <input type="checkbox"/> chicken pox |
| <input type="checkbox"/> mumps | <input type="checkbox"/> rubella | <input type="checkbox"/> measles | <input type="checkbox"/> ear problems |
| <input type="checkbox"/> eczema | <input type="checkbox"/> seizures | <input type="checkbox"/> tonsillitis | <input type="checkbox"/> pneumonia |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> heart trouble | <input type="checkbox"/> elimination issues | <input type="checkbox"/> other |

Please explain any of the above checked items: _____

Has your child ever had surgery or been hospitalized? If yes, please explain. _____

Has your child ever had a reaction to a medication? If yes, please explain. _____

Has your child been diagnosed with any of the following?:

language delay ADHD ODD vision impairment
 developmental delay autism Asperger's bipolar
 hearing impairment learning disabilities mental illness behavior issues
 other

Please explain any of the above checked items: _____

Does your child see any specialists (counselor, therapist, speech pathologist, etc.)? If yes, please describe and include names and contact information. _____

Do you have any concerns about your child's development? If yes, please explain. _____

Do you have any concerns about your child's behavior? If yes, please explain. _____

Financial Information:

Who is responsible for the payment of tuition? _____

If tuition is shared by two parties, what is the arrangement? _____

Does your family qualify for child care subsidies from any of the following?

- State of Washington (DSHS)
- City of Seattle (HSD Comprehensive Child Care Program)
- Other: _____

If yes, please provide the contact name and information for your case worker.

Case Worker's Name: _____ Phone Number: _____

Optional/Confidential: For grants and funding, we are requesting information regarding the ethnic background of the children we serve. Some funders ask specifically for this information. Please check the box that best describes your child.

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

Medical Release:

I hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member at Dragon's Den after school program. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right to be informed of such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

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

Field Trip Permission:

I give permission for my child, _____, to participate in field trips with Dragon's Den after school program. I understand that transportation will be on public transportation, by foot and occasionally by leased automobile. When my child rides in a bus or leased automobile, it will be in safe operating condition, insured, and my child will wear a seatbelt and sit in an approved child safety seat as mandated by Washington state law. I understand that I will be notified in advance of all scheduled field trips. I understand that the utmost caution will be used to provide for my child's safety. I consent, and agree to hold harmless the Dragon's Den after school program, Sound Child Care Solutions, its Board of Directors, employees and agents from liability in case of unforeseen events while on a field trip.

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

Parent/Guardian Contract:

As a parent or legal guardian, I have read and agree to following statements:

- I grant permission for Dragon's Den after school program to provide care for my child.
- I grant permission for my child to use all of the play equipment and supplies and to participate in all of the activities of the center.
- I understand that changes to my child's schedule must be received thirty days in advance. I understand that changes and withdrawals are subject to the policies outlined in the Dragon's Den after school program Family Handbook.
- I realize it is my responsibility to keep Dragon's Den after school program informed of any changes in emergency contact information. I agree to update information in my child's file as changes occur and at minimum on an annual basis.
- I have had the center's policies and procedures explained to me. The center's philosophy, program and facilities have also been discussed with me.
- I have read the Dragon's Den Family Handbook, Health Care Plan (including the Pesticide Plan) and Crisis/ Disaster Plan and agree to their policies.
- I understand that my child needs to have a yearly physical.
- I understand that there is no credit given for absences or for days that the center is closed.
- I have received a current fee schedule and agree to pay the charges for my child's care as outlined in the fee schedule. I understand that monthly tuition is due in full on or before the first of each month.

In the event that staff or news media take pictures of Dragon's Den after school program activities to be used in program publicity or news releases:

_____ Dragon's Den has my permission to use pictures of my child.

_____ Dragon's Den may not use pictures of my child.

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