# FACES Kinder / Preschool & Child Care Center

| Registration Form | | 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 the 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 the child is in care. | City | Zip Code | |

**Other than you, who else has permission to pick up your Child?**

| Name | Address | Telephone number |
|---|---|---|
| Name:<br>Relationship: | | Home: ( ) -<br>Cell: ( ) -<br>Alternative: ( ) - |
| Name:<br>Relationship: | | Home: ( ) -<br>Cell: ( ) -<br>Alternative: ( ) - |
| Name:<br>Relationship: | | Home: ( ) -<br>Cell: ( ) -<br>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:<br>Relationship: | | | Home:<br>Cell:<br>Alternative: |
| Name:<br>Relationship: | | | Home:<br>Cell:<br>Alternative: |
| Name:<br>Relationship: | | | Home:<br>Cell:<br>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 Chil's Last Physical exam: | Child's health care provider | Telephone number<br>(  )  - |
|---|---|---|
| Street address | City | Zip Code |
| Special health problems?<br>yes or no? If yes, specify | Allergies, including drug reactions<br>Yes or no? If yes, specify | |
| Regular medication?<br>Yes or no? If yes, specify | Other important information<br>Yes or no? If yes, specify | |
| Child's dentist's name | Telephone number<br>(  )  - | |
| 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 License:_____

| 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 permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certified under penalty of perjury under the laws of the State of Oregon that this information is true and correct.

| Parent / Guardian signature | Date | Parent / Guardian signature | Date |
|---|---|---|---|

# Photograph & Video Release Form

**Dear Parent / Guardian:**

We, **FACES OF AMERICA** Kindergarten & Preschool Center would be from time to time taking photos or video recordings of students during their activities within the premises. In this regard we seek your consent for the publishing or use of photos or videos which your child may be included.

The photos will be uploaded to Lilio App, bulletin boards, educational purposes within the walls of the Preschool premises.

For protection of the privacy of the child, we guarantee that names will not be included.
I agree that this form will remain in effect during the term of my child enrollment.
I understand that there will be no payment for me or my child's participation in this release.

☐ I hereby grant and authorize FACES OF AMERICA to make use of photos or video recordings involving my child.

☐ I do not allow the use of photos taken involving my child.

_____ Child's name: _____
Parent / Guardian Signature

_____
Parent / Guardian name

Phone number:_____

Email:_____

Date: _____

# PRE- SCHOOL AND DAYCARE

**AUTHORIZATION TO ASSIST TOILETING**

Child's Name:_____

_____My Child does not need help and / or does not authorize.
_____My Child needs assistance in toileting.

Through this document I hereby authorize FACES Preschool and Daycare Staff to help / assist my child to go to the Toilet (wash hands, accommodate clothing, clean up, etc).

Parent's name: _____

Date:_____