

| Child Care Registration Form | | Date child entered care | Date child left care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------------------|-----------------------|--------------|--------------|---------------------|--|-------|-------|-------|--|-------|-------|-------|--|-------|-------|-------|--|-------|-------|-------|-----------------------|--------------|--------------|---------------------|--|-------|-------|-------|--|-------|-------|-------|--|-------|-------|-------|--|-------|-------|-------|
| Child's name (Last, First, Middle) | | Name used (Nickname) | Birthdate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | City | Zip code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's parent/guardian name | Circle the best number to contact you at when your child is in our care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | cell phone # () - | home phone # () - | alternate phone # () - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | City | Zip code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's parent/guardian name | Circle the best number to contact you at when your child is in our care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | cell phone # () - | home phone # () - | alternate phone # () - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p>In an emergency, if you are not able to contact me, contact the following:</p> <table border="1"> <thead> <tr> <th>Name (first and last)</th> <th>cell phone #</th> <th>home phone #</th> <th>alternative phone #</th> </tr> </thead> <tbody> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> </tbody> </table> <p>These individuals also have permission to pick up my child:</p> <table border="1"> <thead> <tr> <th>Name (first and last)</th> <th>cell phone #</th> <th>home phone #</th> <th>alternative phone #</th> </tr> </thead> <tbody> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> <tr> <td></td> <td>() -</td> <td>() -</td> <td>() -</td> </tr> </tbody> </table> | | | | Name (first and last) | cell phone # | home phone # | alternative phone # | | () - | () - | () - | | () - | () - | () - | | () - | () - | () - | | () - | () - | () - | Name (first and last) | cell phone # | home phone # | alternative phone # | | () - | () - | () - | | () - | () - | () - | | () - | () - | () - | | () - | () - | () - |
| Name (first and last) | cell phone # | home phone # | alternative phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name (first and last) | cell phone # | home phone # | alternative phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | () - | () - | () - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's health information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: () - Street Address: _____ | | Child's last physical exam, if available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: () - Street Address: _____ | | Child's last dental exam, if available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CHILD CARE AGREEMENT

| | | | | | | | | | |
|---|---------------------------------|--|----------------------------------|--|-----------------------------------|---------------------------------|-----------------------------------|------|--|
| Child's name: | | First | Middle | Last | | | | | |
| Parent or Guardian name: | | First | Middle | Last | | | | | |
| Days and times my child will receive care: | | | | | | | | | |
| Check days of care | <input type="checkbox"/> Sunday | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | | |
| Arrival time | | | | | | | | | |
| Departure time | | | | | | | | | |
| FEE: \$ _____ per: | | <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month | | Date payment due: | | | Source of payment: | | |
| | | | | <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): | | | | | |
| Overtime rate: \$ _____ per: | | | Late fee: \$ _____ per: | | | | | | |
| <p>I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:</p> <p style="text-align: center;">Name of Licensee Around the Clock Childcare</p> | | | | | | | | | |
| Parent or guardian signature | | | Date | | Parent or guardian signature | | | Date | |
| <p>I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.</p> | | | | | | | | | |
| Licensee signature | | | | | Date | | | | |
| Street Address | | | City | | State | | Zip code | | |
| Comments | | | | | | | | | |

INFANT PERSONAL CARE PLAN DEVELOPMENTAL HISTORY FORM



Today's Date: _____ Date of Enrollment/Transition: _____
 Child's Name: _____ Date of Birth: _____ Age: _____
 Date of Last Physical (for WA State only): _____
 What would you like us to call your child?: _____
 Parent/Guardian Name: _____
 Parent/Guardian Name: _____
 Name of Person Completing Form: _____
 Primary Caregiver: _____
 Classroom: _____

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

| Name | How child addresses this individual? | Age |
|------|--------------------------------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Please list the words used in your language corresponding to the words in English. Include additional words in the blank columns if needed. | |
|---|--|
| I'll take good care of you | |
| I see that you are crying | |
| Let's change your diaper | |
| I like your smile | |
| It's time for your bottle | |
| Time to eat | |
| Time for your nap | |
| Mommy will be back | |
| Daddy will be back | |
| | |
| | |

If parental custody is shared, describe the custody arrangements: _____

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home: _____

INFANT PERSONAL CARE PLAN - DEVELOPMENTAL HISTORY FORM



CHILD'S NAME: _____

DEVELOPMENTAL HISTORY

Age Child Began: Sitting: _____ Crawling: _____ Standing: _____ Walking with support: _____

Walking independently: _____ Cooing: _____ Babbling: _____

Saying audible words: _____ Saying 2 or 3 simple sentences: _____

Do you have developmental concerns about your child? _____

How does your child communicate his/her needs? _____

CHILD'S HEALTH

List medications regularly taken and conditions requiring them: _____

Describe serious illnesses or hospitalizations: _____

Describe special physical conditions, disabilities, allergies, or concerns: _____

Does your child have a special need? _____

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel): _____

INFANT PERSONAL CARE PLAN - DEVELOPMENTAL HISTORY FORM



CHILD'S NAME: _____

NUTRITION PRACTICES AND ROUTINES

How is your child fed? Check all that apply: Breast: Bottle: Cup:

In the corresponding row, provide your child's feeding details.

| | Brand | Amount | Preferred time of day given |
|--------------|-------|--------|-----------------------------|
| Formula/Milk | | | |
| Breast Milk | | | |
| Juice | | | |

If your baby is exclusively breast fed, please outline your daily plan: _____

If your baby is breast fed or receiving expressed breast milk, how can we support you? _____

List special dietary requests, and restrictions: _____

Have solid foods been introduced? Yes No If yes, please identify: _____

Food likes and eating preferences: _____

Child Eats With: Spoon: Fork: Fingers:

Child is Fed in: Highchair: In Arms: Bouncy Seat: Other: _____

Preferred time of day to feed child: A.M. A.M. P.M. P.M.

Additional Information: _____

INFANT PERSONAL CARE PLAN - DEVELOPMENTAL HISTORY FORM



CHILD'S NAME: _____

SLEEPING ROUTINES

Pre-nap routines/rituals: _____

Number of naps daily: ____ **From:** _____ **To:** _____ **From:** _____ **To:** _____ **From:** _____ **To:** _____

Preferred sleep position*: _____

At home child sleeps in (Check all that apply: Bassinet: Crib: Bed:

Child's typical waking behavior/routine: _____

Special sleeping concerns: _____

Note: Bright Horizons places infants to sleep on their backs in crib unless a waiver has been signed by the parents and the child's physician, stating that the child should be placed in a position other than on his/her back and if allowed by the state licensing agency. Following the recommendation of the American Academy of Pediatrics, soft items such as bumpers, stuffed animals (including pacifiers with a stuffed animal attached), blankets and quilts are not allowed in cribs. The use of sleep or swaddle sacks are recommended for naptime.

COMFORTING CHILD

Position child prefers to be held: _____

Security object (if any): _____ Name child uses for object/when needed: _____

Does your child use a pacifier? Yes No If yes, when: _____

Describe how adults can comfort your child? _____

DIAPERING/TOILETING ROUTINES

Please check which type of diapers you will provide: disposable: cloth:

Words used for urination: _____

Words used for bowel movement: _____

INFANT PERSONAL CARE PLAN - DEVELOPMENTAL HISTORY FORM



CHILD'S NAME: _____

SOCIAL RELATIONSHIPS

Has your child had any experience with group care? If yes, please describe: _____

How does your child react to new situations and new children and adults? _____

Has your child had previous child care experience? If yes, explain how it met, or did not meet, your expectations? _____

Child's favorite toys and activities: _____

Does your child have any fears? Explain: _____

ADDITIONAL PERTINENT INFORMATION

To help us care for your child as an individual, please explain your parenting philosophy: _____

Is there additional information you feel is important for the staff to know about your child or family? _____

What do you as a family, hope to get out of this child care experience? _____

INFANT PERSONAL CARE PLAN - DEVELOPMENTAL HISTORY FORM



CHILD'S NAME: _____

Sections of this Personal Care Plan will be updated every 3 months or sooner if requested by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

| | | | | | |
|-----------------|--|------------------|--|-----------------|--|
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |
| Date of Change: | | Parent Initials: | | Staff Initials: | |



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

| | | | | |
|---------------------------|--------------------|------------------------|------------------------------|-------------|
| Child's Last Name: | First Name: | Middle Initial: | Birthdate (MM/DD/YY): | Sex: |
| _____ | _____ | _____ | _____ | _____ |

| | |
|--|--|
| <p>I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p> | <p>I certify that the information provided on this form is correct and verifiable.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p> |
|--|--|

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

| | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Date | Date | Date | Date | Date | Date |
| MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |

Required Vaccines for School or Child Care Entry

| | | | | | | |
|--|--|--|--|--|--|--|
| ◆ DTaP, DT (Diphtheria, Tetanus, Pertussis) | | | | | | |
| ◆ Tdap (Tetanus, Diphtheria, Pertussis) | | | | | | |
| ◆ Td (Tetanus, Diphtheria) | | | | | | |
| ◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15 | | | | | | |
| ● Hib (<i>Haemophilus influenzae</i> type b) | | | | | | |
| ◆ IPV / OPV (Polio) | | | | | | |
| ◆ MMR (Measles, Mumps, Rubella) | | | | | | |
| ● PCV / PPSV (Pneumococcal) | | | | | | |
| ◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS | | | | | | |

Recommended Vaccines (Not Required for School or Child Care Entry)

| | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Flu (Influenza) | | | | | | |
| Hepatitis A | | | | | | |
| HPV (Human Papillomavirus) | | | | | | |
| MCV, MPSV (Meningococcal) | | | | | | |
| MenB (Meningococcal) | | | | | | |
| Rotavirus | | | | | | |

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

| Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name |
|---------------|--|-----------------------------|--------------------------------------|---------------|--|--------------------|-------------------------------------|---------------|--|
| DT | Diphtheria, Tetanus | Hep A | Hepatitis A | MCV / MCV4 | Meningococcal Conjugate Vaccine | OPV | Oral Poliovirus Vaccine | Tdap | Tetanus, Diphtheria, acellular Pertussis |
| DTaP | Diphtheria, Tetanus, acellular Pertussis | Hep B | Hepatitis B | MenB | Meningococcal B | PCV / PCV7 / PCV13 | Pneumococcal Conjugate Vaccine | VAR / VZV | Varicella |
| DTP | Diphtheria, Tetanus, Pertussis | Hib | <i>Haemophilus influenzae</i> type b | MPSV / MPSV4 | Meningococcal Polysaccharide Vaccine | PPSV / PPV23 | Pneumococcal Polysaccharide Vaccine | | |
| Flu (IIV) | Influenza | HPV (2vHPV / 4vHPV / 9vHPV) | Human Papillomavirus | MMR | Measles, Mumps, Rubella | Rota (RV1 / RV5) | Rotavirus | | |
| HBIG | Hepatitis B Immune Globulin | IPV | Inactivated Poliovirus Vaccine | MMRV | Measles, Mumps, Rubella with Varicella | Td | Tetanus, Diphtheria | | |

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
|------------|---------|-------------|---------|------------|-------------|----------------|--------------------|------------|-----------------|
| ActHIB® | Hib | Fluarix® | Flu | Havrix® | Hep A | Menveo® | Meningococcal | Rotarix® | Rotavirus (RV1) |
| Adacel® | Tdap | Flucelvax® | Flu | Hiberix® | Hib | Pediarix® | DTaP + Hep B + IPV | RotaTeq® | Rotavirus (RV5) |
| Afluria® | Flu | FluLaval® | Flu | HibTITER® | Hib | PedvaxHIB® | Hib | Tenivac® | Td |
| Bexsero® | MenB | FluMist® | Flu | Ipol® | IPV | Pentacel® | DTaP + Hib + IPV | Trumenba® | MenB |
| Boostrix® | Tdap | Fluvirin® | Flu | Infanrix® | DTaP | Pneumovax® | PPSV | Twinrix® | Hep A + Hep B |
| Cervarix® | 2vHPV | Fluzone® | Flu | Kinrix® | DTaP + IPV | Prevnar® | PCV | Vaqta® | Hep A |
| Daptacel® | DTaP | Gardasil® | 4vHPV | Menactra® | MCV or MCV4 | ProQuad® | MMR + Varicella | Varivax® | Varicella |
| Engerix-B® | Hep B | Gardasil® 9 | 9vHPV | Menomune® | MPSV4 | Recombivax HB® | Hep B | | |

Consent to medical care and treatment of minor children

I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at:

Name of Licensee: _____

Address of Licensee: _____

| | | | |
|---------------------------|------|---------------------------|------|
| 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 care attendant to safeguard my child's health. 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.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

| | | | |
|---------------------------|------|---------------------------|------|
| Parent/guardian signature | Date | Parent/guardian signature | Date |
|---------------------------|------|---------------------------|------|

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

| | | |
|---|--------------------------------|---------------|
| Child's Full Name: | | Today's Date: |
| Food the child must not consume (list each food separately) | Appropriate substitute food(s) | |
| | | |
| | | |
| | | |
| | | |
| Describe allergic reactions and symptoms associated with this child's particular allergies. | | |
| Describe the treatment plan for the early learning provider to follow in response to child's allergic reaction (include names of medication, dosage amount, and directions for how to administer medication). | | |
| Other special dietary requirements due to a health condition. | | |

Health Care Provider Signature

Date

Parent or Guardian Signature

Date

Authorization for Emergency Care Of Children with Severe Allergies

This information pertains to the 20____ - 20____ academic year.

Dear Health Care Provider,

Your patient, _____ is enrolled in Around the clock Childcare Center Inc and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at Around the clock Childcare Center Inc so we may assist with the allergy care and needs of the child. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at Around the clock Childcare Center Inc

PART I (to be completed by a Licensed Health Care Provider)

Child's Name: _____ Child's Birth Date: _____

Known Allergens: (Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e. Anaphylactic shock) in the child.)

_____ Bee Sting
_____ Other Insect Bite(s): (identify): _____
_____ Animal(s): (identify): _____
_____ Food Allergy: (identify all foods or groups of foods that must be avoided): _____

_____ Other: (identify): _____

SYMPTOMS: (Please provide a complete list of all symptoms that indicate the child has come into contact with an allergen and requires emergency treatment.)

_____ Shortness of Breath _____ Swelling of the Face or Lips _____ Diarrhea
_____ Hives _____ Vomiting
_____ Other: (explain): _____

Signature of Authorized Personell _____

Date _____

Child Care Medication Authorization Form

An early learning provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and must use appropriate cleaned and sanitized medication measuring devices. WAC 110-300-0215

| | | |
|---|--------------------|-----------|
| Child's full name (first and last): | Child's Birthdate: | |
| Name of Medication (as it appears on medication container): | | |
| Dosage: | Start Date: | End Date: |
| To be given at the following times: | | |
| Reason for Giving Medication to Child/Medical Need: | | |
| Possible Side Effects of Medication: | | |
| Additional Information: | | |

Prescription medication must only be given to the child named on the prescription. Prescription medication must be labeled with: child's first and last name, the date the prescription was filled, the name and contact information of the prescribing health professional, the expiration date, dosage amount, length of time to give the medication, and instructions for administration and storage.

Nonprescription (over-the-counter) medication must be brought to the early learning program by the child's parent or guardian in the original packaging with expiration date and labeled with the child's first and last name. It must only be given to the child named on the label provided by the parent or guardian. Instructions on the label must be followed, unless the parent or guardian provides a medical professional's note.

If the packaging label does not include expiration date, dosage amount, age, and length of time to give the medication, then written authorization from a health care provider with prescriptive authority is required, as well as the written and signed consent from the child's parent or guardian. This includes: vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gels or tablets (amber bead necklaces are prohibited).

I hereby give permission for the staff of _____ to give my child the medication as prescribed above.
(name of early learning provider/program)

Parent/Guardian Signature

Date

| | | | |
|--|----------------------|---|----------------------|
| This section to be completed by child's parent or guardian, if applicable: | | | |
| <i>I, or my appointed designee, have provided training about specialized medication administration procedures for my child specific to this medication to the following staff member(s):</i> _____ | | | |
| _____ <i>Parent/Guardian (or Designee) Signature</i> | _____ <i>Date</i> | _____ <i>Early Learning Provider Signature</i> | _____ <i>Date</i> |

NON-PRESCRIPTION MEDICATION FORM

Child's Name _____

I hereby give permission to _____

to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify name brand, frequency, and duration of use.

Baby Wipes _____

Ointment (Desitin, Vaseline, etc.) _____

Baby Powder _____

Sunscreen _____

Insect Repellent _____

Other _____

* I release the above named daycare provider from any liability from administering these products.

Parent Signature/Date _____

Parent Signature/Date _____

All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

| | |
|---|--------------|
| Child's Full Name | Today's Date |
| CONTACT INFORMATION | |
| Parent's/Guardian's Name | Telephone |
| Parent's/Guardian's Name | Telephone |
| Primary Health Care Provider | Telephone |
| Specialist (if applicable) | Telephone |
| Specialist (if applicable) | Telephone |
| CHILD'S SPECIAL NEEDS | |
| Diagnosis, if known: | |
| Known symptoms and triggers: | |
| Describe activity, behavioral, or environmental modifications that are needed for the child: | |
| Allergies (other than food allergy): | |
| For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form) | |
| MEDICATIONS <i>(Medication Authorization Form must be completed for each medication.)</i> | |
| List medication to be given at scheduled times , and how medication is to be given. | |
| List medication to be given during an emergency , and how medication is to be given. | |
| Describe symptoms that would trigger emergency medication. | |

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

EMERGENCY RESPONSE PLAN

List the steps and procedures the early learning provider should perform during an emergency related to your child's special need.

SUGGESTED TRAINING FOR STAFF

List suggested special skills training/education for the early learning program staff.

SUPPORTING DOCUMENTATION

Please attach supporting documentation to this Individual Care Plan, including any existing individual educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan (IFSP). WAC 110-300-0300 requires an early learning provider to have supporting documentation of the child's special needs provided by the child's licensed or certified:

- (i) Physician or physician's assistant
- (ii) Mental health professional
- (iii) Educational professional
- (iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
- (v) Registered nurse or advanced registered nurse practitioner.

SIGNATURES

Parent or Guardian Signature

Date

Early Learning Provider Signature

Date

Health Care Provider Signature
(recommended)

Date

This section to be completed by child's parent or guardian, if applicable:

*I hereby give permission for _____ to provide
(name of visiting health professional or specialist)
services to my child at this early learning program.*

Parent or Guardian Signature

Date

Emergency Contact Form

Name: _____

Department: _____ Date: _____

Home Information:

In case of emergencies due to weather conditions:

Home Address: _____

Home Phone: _____

Cellular Telephone: _____

Personal Email Address: _____

Primary Emergency Contact

Contact Name: _____

Relationship to Contact: _____

Home Telephone: _____

Work Telephone: _____ Cellular Telephone: _____

Email: _____

Secondary Emergency Contact

Contact Name: _____

Relationship to Contact: _____

Home Telephone: _____

Work Telephone: _____ Cellular Telephone: _____

Email: _____

Additional Information (Voluntary)

Allergies (Food, Medication, Insects, Etc.): _____

Medical Alert(s): _____



Child Care Parent/Guardian Permission

| Child's Name (First Middle Last) | Licensee's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|------------|-----------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--|--|--|----------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|------------------------|--|--|----------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|------------------------------|--|--|----------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| <p>Transportation and off-site activity</p> <p>I give my permission for the licensee or the licensee's staff to take my child:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">To and/or from school:</td> </tr> <tr> <td>By a personal vehicle.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By riding with my child on public transportation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By walking with my child</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):</td> </tr> <tr> <td>By a personal vehicle.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By riding with my child on public transportation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By walking with my child</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">On occasional errands:</td> </tr> <tr> <td>By a personal vehicle.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By riding with my child on public transportation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By walking with my child</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other (specify here: _____):</td> </tr> <tr> <td>By a personal vehicle.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By riding with my child on public transportation.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By walking with my child</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | <u>Yes</u> | <u>No</u> | To and/or from school: | | | By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken): | | | By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | On occasional errands: | | | By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify here: _____): | | | By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> |
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To and/or from school: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On occasional errands: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (specify here: _____): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By a personal vehicle..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By riding with my child on public transportation..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By walking with my child | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Water activities including swimming pools and other bodies of water</p> <p>I give my permission for the licensee or the licensee's staff to:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Take my child swimming or play in a swimming pool or other body of water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | <u>Yes</u> | <u>No</u> | Take my child swimming or play in a swimming pool or other body of water | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take my child swimming or play in a swimming pool or other body of water | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Bathing</p> <p>I give my permission for the licensee or the licensee's staff to:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>Yes</u></th> <th style="width: 10%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Give my child a bath or shower if my child is enrolled in overnight child care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | <u>Yes</u> | <u>No</u> | Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting..... | <input type="checkbox"/> | <input type="checkbox"/> | Give my child a bath or shower if my child is enrolled in overnight child care | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Give my child a bath or shower if my child is enrolled in overnight child care | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Photo, video, or surveillance activity

I give my permission for the licensee or the licensee's staff to:

| | <u>Yes</u> | <u>No</u> |
|---|-------------------------------------|--------------------------|
| Take photographs of my child | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Take video of my child..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Capture my child's image on surveillance video used at this child care facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

Parent or guardian signature

Date

Parent or guardian signature

Date



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)
 photograph my child, _____, for the following purposes:
(Child's name)

| Type of Use: | (Please check one) | |
|--|--------------------------|--------------------------|
| | Grant Permission | Decline Permission |
| Still Photographs: | | |
| Display in my personal scrapbook | <input type="checkbox"/> | <input type="checkbox"/> |
| Give photographs possibly containing your child to current clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Display in facility's scrapbook or bulletin boards, shown to current and prospective clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Display still photos on child care website* | <input type="checkbox"/> | <input type="checkbox"/> |
| Post photos on child care's Facebook page | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| Videos: | | |
| Give video to current parents | <input type="checkbox"/> | <input type="checkbox"/> |
| YouTube™ promotional video | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please list): | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Acknowledgment of Handbook Receipt and Agreement

I acknowledge that I have received a copy of the **Parent Handbook** for Around the Clock Childcare Center of Learning and Development, either in digital format or a paper copy upon my request.

I understand and agree to abide by the policies and procedures outlined in the handbook, including but not limited to the following:

- **Health and Safety Policies**
- **Attendance and Absence Policies**
- **Communication Guidelines**
- **Field Trip and Activity Permissions**
- **Emergency Procedures**
- **Disciplinary Actions and Behavioral Expectations**
- **Fee and Payment Policies**
- **Photo Release and Privacy Policies**
- **Program Descriptions**
- **Daily Schedules and Routines**
- **Nutrition and Snack Policies**
- **Medication Administration**
- **Parent and Family Involvement**
- **Complaint and Grievance Procedures**
- **Confidentiality and Privacy Practices**
- **Drop-off and Pick-up Procedures**
- **Inclement Weather and Closure Policies**
- **Behavior Management Strategies**
- **Staff Qualifications and Training**
- **Arbitration Agreement**

I understand that these policies are in place to ensure a safe, healthy, and effective learning environment for all children enrolled at the center. I agree to follow these guidelines and to support the staff in their efforts to provide the best care and education for my child.

I also understand and agree to the **Arbitration Agreement** included in the handbook, which requires that any disputes arising out of or relating to my child's enrollment at the center be resolved through binding arbitration rather than in court.

By signing below, I confirm that I have read and understood all verbiage and policies detailed in the Parent Handbook. I acknowledge that I am responsible for adhering to all policies and procedures as stated.

Parent/Guardian Name: _____

Child's Name: _____

Date: _____

Signature: _____