



A Ministry of **Spanaway Lutheran Church**

16001 A Street South \* Spanaway, WA 98387 \* (253) 539-2273 \* [BASE@spanawaylutheran.org](mailto:BASE@spanawaylutheran.org)

## APPLICATION FOR ENROLLMENT

<i>Date of Entry</i>	<i>Date of Withdrawal</i>	<i>School</i>	<i>Grade</i>

**Child**

<i>Child's Name</i>	<i>Age</i>	<i>Date of Birth</i>

<i>Home Phone</i>	<i>Cell Phone</i>

**Child's Primary Residence**

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

<i>Is Child living with both parents?</i>	<i>If not, with whom?</i>
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Father (or Guardian)**

<i>Name</i>	<i>Place of Employment</i>	<i>Position</i>
<i>Phone</i>	<i>Department</i>	<i>Hours</i>

**Mother (or Guardian)**

<i>Name</i>	<i>Place of Employment</i>	<i>Position</i>
<i>Phone</i>	<i>Department</i>	<i>Hours</i>

**Other Children in Family**

<i>Name</i>	<i>Age</i>	<i>School</i>

**Child's Physician**

<i>Name</i>	<i>Address</i>	<i>Phone</i>

**Child's Dentist**

<i>Name</i>	<i>Address</i>	<i>Phone</i>



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**Health Information**

Has child had  Measles  3-Day Measles  Mumps  Chicken Pox  Whooping Cough  
 Rheumatic Fever  Scarlet Fever  Scarlatina (check all that apply)

Does your child have any specific health problems which the staff should be aware of? (i.e. vision or hearing loss, allergies, physical limitations, ongoing prescription medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam? \_\_\_\_\_

Date of last dental exam? \_\_\_\_\_

**Emergency Pick-Up List**

In case of an emergency the following persons may pick up my child:

<i>Name</i>	<i>Relation</i>	<i>Address</i>	<i>Phone</i>

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date and Place*

**Restricted Visitation**

Visiting rights are denied to the following:

<i>Name</i>	<i>Address</i>	<i>Phone</i>

Family Code Word for Identification: \_\_\_\_\_



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## Consent Form

### Consent for Medical Care and Treatment for Minor Children

I, \_\_\_\_\_ hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include First Aid and/or CPR by a qualified staff member at Spanaway Lutheran Church BASE Childcare Center. I further authorize and consent to medial, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and 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. I certify under penalty of perjury under the law of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date and Place*

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### Consent for Accidents and/or Injuries

Name of Child \_\_\_\_\_

I hereby relieve Spanaway Lutheran Church BASE Program of all responsibilities for accidents and injuries occurring which are beyond normal supervision.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date and Place*

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### Consent for Photographs

Name of Child \_\_\_\_\_

I hereby give my permission for BASE to take photographs of my child for the purpose of bulletin boards, photo albums, gifts to parents and occasionally on flyers, brochures, story articles and other publicity to help promote our program.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date and Place*



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### Projected Attendance Schedule

Name of Child \_\_\_\_\_

My child will be scheduled to attend BASE Childcare on the following days:

- Monday  morning  afternoon
- Tuesday  morning  afternoon
- Wednesday  morning  afternoon
- Thursday  morning  afternoon
- Friday  morning  afternoon
- Non-school days ONLY

I will notify BASE if there are any changes in this schedule.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date and Place*

### Through Your Eyes

Please tell us a few things about your child, for example LIKES, DISLIKES and HOBBIES.

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What are ways we can help your child be successful in our program?

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Anything else you want us to know about your child?

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## Earthquake Emergency Form

<i>Child's Name</i>	<i>Parent (or Guardian)</i>

<i>Home Phone</i>	<i>Work Phone</i>

<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

**Out of State Contact:**

<i>Name</i>	<i>Address</i>	<i>Phone</i>

**In case of an emergency the following persons may pick up my child:**

<i>Name</i>	<i>Address</i>	<i>Phone</i>

**Medical Information:**

### Recommended Supplies for Earthquake Comfort Kit

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1 granola bar</li> <li>2 boxes of fruit juice</li> <li>1 (5oz.) pudding (ready-made)</li> <li>1 candy bar</li> </ul> | <ul style="list-style-type: none"> <li>1 small (8oz.) can of baked beans</li> <li>1 small (11/16oz.) box of cereal</li> <li>2 plastic spoons</li> </ul> |
|---|---|

If possible, enclose a picture of your family.  
 If possible, flip top cans should be purchased. Let the child help pick out the food.  
 Place all items, including this sheet, back in a zip loc bag and return to BASE. Please note that this is an earthquake comfort kit. Please pack a kit that would be a comfort to your child in an emergency situation.