

Child Registration Form

*Pinehurst School Age and Preschool at Hazel Wolf/Pinehurst Preschool at Northgate Community 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF ELEMENTARY SCHOOL & GRADE:	

PARENT/GUARDIAN INFORMATION				
PARENT/GUARDIAN #1		RELATIONSHIP TO CHILD		OCCUPATION
HOME ADDRESS		CITY	ZIP CODE	CELL PHONE
EMPLOYER		ADDRESS (STREET - CITY - STATE - ZIP)		
EMAIL				WORK PHONE ext.
PARENT/GUARDIAN #2		RELATIONSHIP TO CHILD		OCCUPATION
HOME ADDRESS		CITY	ZIP CODE	CELL PHONE
EMPLOYER		ADDRESS (STREET - CITY - STATE - ZIP)		
EMAIL				WORK PHONE ext.

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

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

EMERGENCY CONTACTS (Other than you, who else should we notify in case of an emergency? Include one Out-of State contact)			
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE
NAME <i>Out-of-State Contact</i>	RELATIONSHIP TO CHILD	EMAIL	PHONE

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD

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 School Age and Preschool Program, A Chapter of Sound Child Care Solutions. I further authorize and consent to medical, surgical and hospital care, and treatment or procedures to be performed for my child by a medical health professional 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.

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____

How did you find out about Pinehurst School Age and Preschool Program? Please check all that apply.

- Family member/friend Child Care Resources Website Flyer/Brochure Outreach Event
- Seattle Preschool Program CCAP WCCC Hazel Wolf/Northgate CC Other

CONSENT FOR PHOTOGRAPHY AND VIDEO RECORDING

At Pinehurst School Age and Preschool Program, 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, program, and consortium), brochures or other marketing materials, private communication groups (such as ClassTag and Zoom), on our website, etc. Children’s last names, address, or telephone numbers will not be 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, private communication groups (such as ClassTag and Zoom), 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 recording to be taken and used within my child’s classroom only (this include journals, classroom documentation, class emails, ClassTag, private Zoom meetings, class group photos, and videos/sound recordings to be viewed by children and families in the classroom and at family events).

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:	<input type="checkbox"/> Full Term	<input type="checkbox"/> 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, asthma, medical treatment plans, assistive devices, etc.).				
3. List any medications currently being used by your child.				
4. Does your child have an Individual Education Plan (IEP) Yes No <i>If yes, please provide most recent copy to Pinehurst</i>				
5. Please list any special needs or developmental concerns (language delay, learning disability, autism, behavioral or emotional concerns, etc.).				
6. Please detail your child's past health history (including hospital stays, illnesses, etc.).				
7. Describe your child's eating including dietary choices, restrictions or intolerances, and food likes/dislikes.				
8. 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 your home	
Primary:	Secondary:
2. Please list words used in your language corresponding to the English below. Include additional words if desired.	
Hello and Goodbye	
Mom (or other parent/guardian) will be back.	
Dad (or other parent/guardian) will be back.	
Do you need to go potty?	
It's time to eat.	
It's outside time.	
Please wash your hands.	
Can I help you?	
Time to clean up.	
I am glad you are here.	

3. Child's Ethnicity:
4. Describe your child's self-help skills (eating, dressing, washing, cleaning up, etc.).
5. Describe your child's temperament (what works to comfort them, how they express anger/frustration, any fears, etc.)
6. Please describe your family's approach to discipline.
7. Describe some of your favorite activities to do together as a family.
8. Describe your child's favorite activities, games, or toys.
9. Describe your child's strengths.
10. Do you have any concerns about your child?
11. What are your hopes and dreams for your child?

FAMILY HOLIDAY QUESTIONNAIRE

1. Do you celebrate holidays in your family? If yes, what holidays or special days do you celebrate?
2. Please share how you recognize important holidays or special days in your family.
3. How do you feel about your child learning about or participating in holiday activities that are not part of your family's traditions?
4. What role would you like to play in holiday activities at Pinehurst?
<input type="checkbox"/> Assist with cooking project <input type="checkbox"/> Share pictures of your holiday celebration <input type="checkbox"/> Share a holiday craft/art project <input type="checkbox"/> Share music <input type="checkbox"/> Share a holiday game <input type="checkbox"/> Share a holiday tradition <input type="checkbox"/> Share holiday food <input type="checkbox"/> Share a holiday artifact/heirloom <input type="checkbox"/> Other _____ <input type="checkbox"/> Read a holiday book to the class

PAYMENT AND ENROLLMENT AGREEMENT

The following provisions constitute an agreement between Pinehurst School Age and Preschool Program (at Hazel Wolf) and/or Pinehurst Preschool (at Northgate Community Center) 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 fee of \$ _____ will be paid in advance of the first of each month (for School Age Care and Extended Day Preschool) . Tuition for SPP hours will be determined and paid in accordance to DEEL policies. Tuition payments should be placed in the payment box or mailed to: Pinehurst School Age and Preschool, 11530 12th Ave NE, Seattle, WA 98125.

3. A registration packet and immunization record must be completed and turned in before a child begins care.

4. We welcome families whose children receive child care subsidies from Seattle Preschool Program, Working Connections Child Care, the Child Care Assistance Program with City of Seattle, and Child Care Resources. Families are required to pay all co-pays by the 1st of the month. Families must 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 \$25.00 charge for any checks returned for non-sufficient funds.
- A non-refundable registration fee of \$75.00 per child (for private pay).
- A non-refundable fall holding fee of \$75.00 (school age and preschool extended day)
- A \$25.00 late fee for monthly tuition received after the fifth of the month.
- A late fee of \$1.00 per minute for a child picked up after program hours (billed directly to your account).
- A \$12.00 per hour charge (up to a maximum of 6 hours), for each Family Participation hour that I do not complete. The fee will be charged at the end of June for each of the hours that are not completed.

6. I understand that no refunds are given for absences due to illness, holidays, vacation, staff in-service days, snow/storm days or personal reasons.

7. Notice of withdrawal from our programs, must be given **one month in advance** of the last scheduled day of enrollment. Changes to your child’s monthly schedule must be negotiated between with the Director **2 weeks in advance** of the effective date.

8. 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.

9. I have been given a copy of the Family Handbook and read the policies.

10. The following policies are posted in ClassTag under the Library tab as well as in the classroom and are available for review: Health Care Policy, Emergency Disaster Preparedness Plan, Blood Borne Pathogen Policy, Pesticide Policy, any applicable Pet Policy and the Washington State Minimum Licensing Requirements for Child Care Centers. Paper copies of all the policies are available upon request.

11. 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.

12. 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, 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. I authorize Pinehurst School Age and Preschool Program (at Hazel Wolf) or Pinehurst Preschool (at Northgate Community 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 the Family Handbook and the terms of this agreement.

Parent/Guardian Name

Parent/Guardian Signature

Date