

## Creative Kids Learning Center Seattle Before & After School Care Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Teacher \_\_\_\_\_ Room # \_\_\_\_\_

**Child Lives with:**  Mother  Father  Other \_\_\_\_\_ Person to call first \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Method of Payment: \_\_\_\_\_

***An annual non-refundable registration fee of \$150 is due upon turning in this packet.***

**Please circle your choice of program and days of care below:**

<u>5 Days Per Week</u>	<u>4 Days Per Week</u>	<u>3 Days Per Week</u>	<u>2 Days Per Week</u>	<u>Daily Rates</u>
<u>Monthly Rates</u>	<u>Monthly Rates</u>	<u>Monthly Rates</u>	<u>Monthly Rates</u>	
Before School: <b>\$395</b>	Before School: <b>\$320</b>	Before School: <b>\$260</b>	Before School: <b>\$175</b>	Before School: <b>\$50</b>
After School: <b>\$590</b>	After School: <b>\$520</b>	After School: <b>\$455</b>	After School: <b>\$320</b>	After School: <b>\$80</b>
Before and After School: <b>\$710</b>	Before and After School: <b>\$670</b>	Before and After School: <b>\$595</b>	Before and After School: <b>\$490</b>	Non-School Day: <b>\$90</b>
		..... <b>Circle Days of Care:</b> <b>Mon Tue Wed Thurs Fri</b>		<u>Other Fees:</u>
				<b>Late Pickup Fee:</b> \$10 after first 5 minutes +\$1 per minute after that.
				<b>Failure to Sign in/out Fee:</b> \$50 per missing signature
				<b>Late Payment Fee:</b> \$35 per month late

### Parent/Guardian Information

(1) Adult Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employed by \_\_\_\_\_ E-Mail \_\_\_\_\_

(2) Adult Name \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employed by \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency Contact**

(Other than the parent/guardian, **local** name we can contact if we are unable to reach you)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Out of area contact** (in case of natural disaster)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Persons authorized** to pick up my child.

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Who does not have permission to pick up your child?

Name \_\_\_\_\_ Reason \_\_\_\_\_  
Name \_\_\_\_\_ Reason \_\_\_\_\_

**We do not release a child without prior notification. Persons you authorize are required to show ID.**

**Emergency/Health Information**

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Last physical was on \_\_/\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last dentist apt was on \_\_/\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(1) Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Employer Name \_\_\_\_\_

(2) Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Employer Name \_\_\_\_\_

Allergies, medications, physical or food restrictions? If none, please write NONE

\_\_\_\_\_

What additional information should CKLC be aware of if your child comes in contact with the allergen?

\_\_\_\_\_

Please describe any specific health or emotional problems or pertinent family background information which CKLC should be aware of

\_\_\_\_\_

Creative Kids Learning Center requires all medication taken by the child to be listed below:

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

Does your child have any disabilities or health concerns that will affect his or her ability to participate in activities? \_\_\_\_\_

**Please circle below if your child has any of the following medical conditions:**

- Asthma
- Diabetes
- Eczema
- Epilepsy
- Fainting Spells
- Frequent colds
- Frequent ear infections
- Frequent sore throats
- Frequent nose bleeds
- Heart concerns
- Problems with diarrhea
- Problems with constipation
- Stomach upsets
- Urinary problems
- Other: \_\_\_\_\_

**Consent to medical care and treatment of minor children**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by a qualified child care provider and/or staff at Creative Kids Learning Center.

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 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** \_\_\_\_\_

**Please circle your primary reason for enrolling in Creative Kids:**

Childcare    Tutoring/homework help    Social Interaction    Active Play    Arts

Special Classes    Other: \_\_\_\_\_ (Cooking, dance, design, language)

**Please help us get to know your child, as well as your needs and expectations from our program by completing the following questions. Thank you!**

1. Does your child have a nick name he/she prefers?

2. Please describe some of your child's favorite activities.

3. Please describe some activities your child does not enjoy.

4. What are your child's favorite foods? Least favorite?

5. When your child is angry or upset, what kind of behaviors are the likely to exhibit?

6. We are committed to provide a consistent atmosphere where your child can learn and grow. Please describe your discipline policy/reward system you use at home.

7. At CKLC we are pleased to have many different types of families represented in our program population. Please describe your family to us (ethnic background, family living situation, siblings and relatives in the household, etc.)

8. Have there been any recent family changes?

9. What activities would you like to see your child doing at CKLC?

10. What expectations do you have of the program?

**MEDIA RELEASE FORM FOR CREATIVE KIDS LEARNING CENTER**

Dear Parent and Guardian,

Creative Kids Learning Center periodically receives attentions from newspapers, magazines, radio, and TV studios. These venues do take pictures, interviews, and video/audio recordings of our programs. These exposures bring understanding to the important need for a quality child care in our community. We also occasionally take pictures of the children and activities to use in our newsletters, posters, press release flyers, or classroom decoration.

In order for us to take part in marketing in this manner, we must have your consent to do so. However, if you choose not to grant permission, this will in no way affect your child’s opportunity to participate in any of the center programs or events.

Please mark the box indicating your choice, sign below, and return this form to the center staff.

If you have any questions, please call us at 206-706-5437.

**MEDIA RELEASE OF A MINOR**

I, THE UNDERSIGNED, BEING LEGAL GUARDIAN OF THE CHILD LISTED ABOVE, GRANT CREATIVE KIDS LEARNING CENTER THE RIGHT TO USE HIS/HER PHOTOGRAPH, VIDEO/VOICE RECORDINGS WITH OR WITHOUT HIS/HER NAME FOR BRAODCAST OR PUBLICATION IN ANY AND ALL MEDIA. I HEREBY RELEASE ANY CLAIMS OR COPYRIGHT, LIBEL, SLANDER, VIOLATION OF PRIVACY OR SIMILAR RIGHTS THAT I MAY HAVE. I WILL NOT SEEK COMPENSATION FOR USAGE. THERE IS NO EXPIRATION DATE ON THIS RELEASE.

I DO NOT GRANT PERMISSION TO USE MY CHILD’S PHOTOTGRAPH, LIKENESS, VIDEO OR VOICE RECORDING WITH OR WITHOUT HIS/HER NAME, FOR BRAODCAST OR PUBLICATION IN ANY AND ALL MEDIA.

I GRANT PERMISSION FOR THE USE OF MY CHILD’S PHOTOGRAPHS IN THE CLASSROOM FOR DISPLAY AND DOCUMENTATION PURPOSES ONLY, NOT FOR PUBLICATION OR RELEASE.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_