

Creative Kids Learning Center Seattle Before and After School 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: _____

One time registration fee of \$100.

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>Daily Rates</u>
<u>Monthly Rates</u>	<u>Monthly Rates</u>	<u>Monthly Rates</u>	
Before School: \$275	Before School: \$250	Before School: \$225	Before School: \$50
After School: \$515	After School: \$465	After School: \$415	After School: \$65
Before and After School: \$690	Before and After School: \$640	Before and After School: \$570	Non-School Day: \$80
	 Circle Days of Care:	
		Mon Tue Wed Thurs Fri	

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?
11. How did you hear about us?

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 EEK 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.

PRINT NAME _____ DATE _____

SIGNATURE _____ DATE _____