



Sunnyside Learning LLC

REGISTRATION DATE _____

CHILD'S NAME _____ M ___ F ___ BIRTHDATE _____

MOTHER'S NAME _____ HOME# _____ CELL# _____

WORK# _____

FATHER'S NAME _____ HOME# _____ CELL# _____

WORK# _____

CHILD LIVES WITH MOTHER ___ FATHER ___ OTHER _____

HOME ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

SIBLINGS NAMES AND AGES _____

ONLY PERSONS AUTHORIZED BY THE PARENT/GUARDIAN WILL BE ALLOWED TO TRANSPORT OR REMOVE YOUR CHILD FROM THE SCHOOL PREMISES.

PERSONS AUTHORIZED TO PICK UP YOUR CHILD MOTHER ___ FATHER ___ OTHER ___ LIST BELOW

NAME _____ RELATIONSHIP _____

HOME# _____ CELL# _____ WORK# _____

NAME _____ RELATIONSHIP _____

HOME# _____ CELL# _____ WORK# _____

NAME _____ RELATIONSHIP _____

HOME# _____ CELL# _____ WORK# _____

PREVIOUS PROGRAMS ATTENDED _____

DOES YOUR CHILD HAVE ANY SPECIAL PROBLEMS/FEARS? _____

CHILD'S FAVORITE ACTIVITIES, INTERESTS _____

GOALS YOU HAVE FOR YOUR CHILD IN THIS PROGRAM _____

EMAIL ADDRESS _____ REFERRED BY _____

FOR OFFICE USE ONLY BELOW THIS LINE

Class Placement 20___/___ school year _____ Reg. fee paid _____

Class Placement 20___/___ school year _____ Reg. fee paid _____

MEDICAL INFORMATION

CHILD'S NAME _____ BIRTHDATE _____

EMERGENCY CONTACTS OTHER THAN PARENTS (PARENTS WILL BE CONTACTED FIRST)

NAME _____ PHONE# _____ RELATIONSHIP _____

NAME _____ PHONE# _____ RELATIONSHIP _____

CHILD'S HEALTH CARE PROVIDER _____ PHONE# _____

ADDRESS OF PROVIDER _____

DATE OF CHILD'S LAST PHYSICAL EXAM _____

LIST ANY HEALTH PROBLEMS _____

ALLERGIES (INCLUDE DRUG REACTIONS) _____

REGULAR MEDICATIONS _____

INSURANCE COVERAGE

NAME OF INSURANCE COMPANY _____ POLICY# _____

NAME OF POLICY HOLDER _____ EMPLOYER _____

NAME OF INSURANCE COMPANY _____ POLICY# _____

NAME OF POLICY HOLDER _____ EMPLOYER _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

EMERGENCY CONSENT: I hereby give permission that my child, _____ may be given emergency treatment by a qualified staff member at Sunnyside Preschool LLC. I also give permission for my child to be transported by an ambulance/aid car to an emergency treatment center for medical treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I hereby release Sunnyside Preschool LLC, their employees, directors, volunteers and agents from any and all liability, expense (medical, ambulance, etc.) arising out of their reasonable efforts to provide emergency medical care for my child. I further agree to take sole financial responsibility for any medical services rendered to my child which are not provided for by my personal medical insurance programs. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____