



# Registration Packet

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Email: [fb.childcarecenter@gmail.com](mailto:fb.childcarecenter@gmail.com)  
Provider # 687482

For Facility Use Only- Start date: \_\_\_\_\_ Last day: \_\_\_\_\_

## Registration Form

Child's Full Name: _____	Birth Date: _____
Address: _____	Home Phone: _____
City: _____	State: _____ Zip Code: _____
Nickname: _____	
Parent/Guardian's Full Name: _____ Home Phone: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cellular Phone: _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____
E-Mail Address: _____ SSN _____	
Parent/Guardian's Full Name: _____ Home Phone: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Cellular Phone: _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____
E-Mail Address: _____ SSN _____	



## General Information

Parent/Guardian with legal custody

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Parents are: Married () Living Together () Divorced ()

Separated () Widowed () Single ()

Other Household Members:

Names: \_\_\_\_\_

Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_

Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_

Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

**Alternate people who may pick up your child**

Names: \_\_\_\_\_

Home Phone: () \_\_\_\_\_ Work Phone: () \_\_\_\_\_

Relationship to Child:

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Address:

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**Secondary Alternate people who may pick up your child**

Names: \_\_\_\_\_

Home Phone: () \_\_\_\_\_ Work Phone: () \_\_\_\_\_

Relationship to Child:

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Address:

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### Emergency Contacts

In the event I cannot be reached, please call:

#### **Primary Emergency Contact (other than parents or guardian)**

Names: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Address:

\_\_\_\_\_

#### **Secondary Emergency Contact (other than parents or guardian)**

Names: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Address:

\_\_\_\_\_

### Emergency Number for a Major Disaster

In the event of a Major disaster such as an earthquake we would like to have a long distance number to call. This is important to have in case we are not able to call out using local calls. We will relay any information to the contact person you have provided to Future Beginnings.

Names: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child:

\_\_\_\_\_

Address:

\_\_\_\_\_

## Emergency Release

Consent to Medical/ Emergency First Aid/Treatment & Transportation:

The undersigned(s) being the lawful parent(s) and/or guardian(s) of \_\_\_\_\_, hereby consent to the participation by the child in all facility activities conducted by Future Beginnings Childcare Center and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Future Beginnings Childcare Center to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either facility personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the center's staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Not with standing other provisions in this consent form, Future Beginnings Childcare Center shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The center is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Kaufman Holdings, Future Beginnings Childcare Center and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation within the facility.

Parent's/ Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Information

\*1. Child's Physician: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\*2. Preferred Hospital: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\*4. Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

4. Regular Medications:

*Explain:* \_\_\_\_\_

5. Medicine allergic to:

*Explain:* \_\_\_\_\_

6. Food Allergies:

*Explain:* \_\_\_\_\_

7. Any other Allergies:

*Explain:* \_\_\_\_\_

8. Any special health conditions:

*Explain:* \_\_\_\_\_

### Medical Screening

\*Last Medical (Test (yearly) Date \_\_\_\_\_) Year: \_\_\_\_\_

\*Last Vision (Test Date \_\_\_\_\_) Year: \_\_\_\_\_

\*Last Hearing (Test Date \_\_\_\_\_) Year: \_\_\_\_\_

\*Last Dental (Test Date \_\_\_\_\_) Year: \_\_\_\_\_

### Other Illness?

Has your child been HOSPITALIZED?

Explain: \_\_\_\_\_

Has your child had INJURIES with fractures or loss of consciousness?

Explain: \_\_\_\_\_

Any other members of your family with SERIOUS ILLNESS recently?

Explain: \_\_\_\_\_

Any other members of your family history of:

ASTHMA (\_\_\_\_\_) DIABETES (\_\_\_\_\_) EPILEPSY (\_\_\_\_\_)

## About Your Child

1. What Foods does your child especially like?

*Explain:* \_\_\_\_\_

2. Especially DISLIKE?

*Explain:* \_\_\_\_\_

3. Is your child TOILET TRAINED? Yes (\_\_\_\_\_) No (\_\_\_\_\_)

4. How does your child express ANGER or frustration?

*Explain:* \_\_\_\_\_

5. Does your child have any special FEARS?

*Explain:* \_\_\_\_\_

6. When your child is upset, what helps to COMFORT him/her?

*Explain:* \_\_\_\_\_

7. How do you DISCIPLINE your child?

*Explain:* \_\_\_\_\_

8. Has your child been taking a NAP? \_\_\_\_\_ If so, how long?

*Explain:* \_\_\_\_\_

9. Special toy or blanket for NAP?

*Explain:* \_\_\_\_\_

10. Special FAMILY situations? (Such as *custody specifications, problems arising from Different situations, etc.*)

Comments:

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11. Anticipated ADJUSTMENTS you foresee?

Explain: \_\_\_\_\_

12. What are your child's STRENGTHS? What are they good at? What do they enjoy doing?

Explain: \_\_\_\_\_  
\_\_\_\_\_

13. Are there any specific NEEDS we should focus on for your child while in our care?

Explain: \_\_\_\_\_

14. What developmental area is your child working on?

Explain: \_\_\_\_\_

15. What are your GOALS for your child while in our care? Any learning goals we should focus on?

Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Previous childcare child has attended. Any concerns at previous daycares?

Explain: \_\_\_\_\_

17. Are there any cultural holidays or traditions that your family celebrates (or do not)?

Explain: \_\_\_\_\_

18. What kindergarten school will your child be attending?

\_\_\_\_\_

19. Expectations of Future Beginnings Childcare Center?

Comments:

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

## Enrollment Contract

By filling out this form, I certify that I have received a copy of the **Future Beginnings Child Care Center** policies and Health policies and do agree to abide by the policies contained therein.

I want to be sure you understand what you are agreeing to. Please initial next to each statement.

Guardian 1/ Guardian 2

\_\_\_\_ / \_\_\_\_ I understand the medical policy, and that Future Beginnings must have a copy of my child's immunization records, including all updates to immunizations.

\_\_\_\_ / \_\_\_\_ I understand that payments are due on the last day of each month, or the Friday before if landing on a weekend, for the upcoming period my child is in Future Beginnings' care. The amount to be paid is  
( ) monthly \$ \_\_\_\_\_. \_\_\_\_  
( ) semi-monthly \$ \_\_\_\_\_. \_\_\_\_ dates: Last day of the previous month and 15<sup>th</sup>.

\_\_\_\_ / \_\_\_\_ I understand that all services not paid for on the expected day will be assessed a \$35 late fee. Childcare services may be suspended until services are paid in full including all late fees and reinstatement fees. Unpaid balances and late fees will be sent to a third-party agency after 90 days.

\_\_\_\_ / \_\_\_\_ I understand the illness policy.

\_\_\_\_ / \_\_\_\_ I am contracting for:  
( ) year around      ( ) summer only  
( ) school year only      ( ) Drop In

\_\_\_\_ / \_\_\_\_ I understand that I will be responsible for finding back-up care for when Future Beginnings is unable to provide care.

\_\_\_\_ / \_\_\_\_ I understand the policy for people other than me picking up my child.

By signing below, you agree that this is a legally binding contract and you have read it and understand it. You agree to adhere to all of the policies listed above as well as in the Parent handbook, Disaster, Pet, Pesticide and Health policies.  
 Persons signing Registration contract are responsible for payment:

Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date
Future Beginnings' Staff Signature	Date

### Field Trip Permission

I hereby request that my child, \_\_\_\_\_, be permitted to participate in field trips, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Water Play Permission

I hereby request that my child, \_\_\_\_\_,

- Be permitted
- Be excluded from

water activities (sand and water tables and sprinklers) on the playground or other designated area at Future Beginnings during the time he/she attends the school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

Provider's name: **Future Beginnings CCC**

Child's full name: \_\_\_\_\_

Photographs and videos are taken on some occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our childcare home for teaching, arts & crafts, albums and various other things.

Please mark the appropriate box:

I give permission       I do not give permission  
for photos to be taken

Please mark the appropriate box:

I give permission       I do not give permission  
for videos to be taken

I understand that these photographs and/or videos will not be sold, distributed or placed on internet web sites without my written permission.

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

# Oral Health Participation Form

In August 2019 DCYF issued new regulations for early learning programs to offer children an opportunity for developmentally appropriate tooth brushing activities if children are in care.

This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to childcare programs and families ([cavityfreetkids.org](http://cavityfreetkids.org)).
- Help address the high incidence of tooth decay among young children in Washington, which is associated with numerous health risks.

Licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the childcare program. Please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to start or stop participating in tooth brushing, this form may be resubmitted at any time changing your request. If you would like your child to participate please send in a toothbrush & toothpaste labeled with your child's name.

Thank you.

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I do NOT wish to have my child participate in tooth brushing while in care at Future Beginnings Childcare Center and Preschool

I DO wish to have my child participate in tooth brushing while in care at: Future Beginnings Childcare Center and Preschool

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Developmental Screening Consent Form

Our program uses the *Ages & Stages Questionnaires* (ASQ-3 & ASQ:SE) to periodically screen children's development. These tools are designed to be completed by parents/primary caregivers.

Developmental screening can identify a child's strengths as well as needs. Your participation in developmental screening means that you might be asked to complete screenings throughout the year about your child's overall developmental. If you participate, your child's screening information will only be shared with you and his or her child care provider. The screening information cannot be released to other persons, programs or schools without your permission. You will have access to all information collected about your child at any time.

By giving consent you

- Freely agree to participate in the developmental screening program using *Ages & Stages Questionnaires* (ASQ-3 & ASQ:SE), when asked.
- Can change your mind about participating in the developmental screening program at any time.

**Please initial one of the two options:**

I give consent for my child, \_\_\_\_\_, to participate in developmental screening. \_\_\_\_\_  
(Name of child)  
name

I do not give consent for my child, \_\_\_\_\_, to participate in developmental screening. \_\_\_\_\_  
(Name of child)

Parent/guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_