



Registration Packet

***7628 Henderson Blvd. S.E
Olympia, Wa. 98501
(360) 915-8954***

***Email: 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

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:

Address:

Secondary Alternate people who may pick up your child

Names: _____

Home Phone: (____) _____ Work Phone: (____) _____

Relationship to Child:

Address:

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:

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 15th.
- _____ / _____ 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

Providers 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 (cavityfreekids.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.

_____ 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: _____