

Child Care Registration Form			Registration Fee Paid	Start Date	End Date
Child's Full Name: Last First Middle			Nickname		Birthdate
Street Address (Child's Primary Residence)			City		Zip Code
Child's Parent/Guardian Name			Home Phone	Cell Phone	
Street Address (IF different than above)			City		Zip Code
Employer	Work Phone (with extension if applicable)		SSN (For tax reporting only)		
Home Email		Work Email (IF more likely to check during the day)			
Child's Parent/Guardian Name			Home Phone	Cell Phone	
Street Address (IF different than above)			City		Zip Code
Employer	Work Phone (with extension if applicable)		SSN (For tax reporting only)		
Home Email		Work Email (IF more likely to check during the day)			
Siblings	Name				Age
Other than you, who else has permission to pick up your child?					
Name		Address (For emergency drop off)		Telephone Numbers	
Name				1 st Call	
Relationship				2 nd Call	
Name				1 st Call	
Relationship				2 nd Call	
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.					
Parent/Guardian Signature: _____					
Name		Address (For emergency drop off)		Telephone Numbers	
Name				1 st Call	
Relationship				2 nd Call	
Name				1 st Call	
Relationship				2 nd Call	

Who does *not* have permission to pick up your child? If applicable (A copy of supporting court document must be on file)

Name	Reason

Child's Health Information

Date of child's last physical exam	Child's Health Care Provider	Telephone Number
Street Address	City	Zip Code
Special Health Considerations? Yes, or no? IF yes, please specify.	Allergies, including drug reactions Yes, or no? IF yes, please specify.	
Regular medications? Yes, or no? IF yes, please specify.	Other important information	
Child's Dentist's Name (required by licensing body. if child doesn't have one please write in your emergency plan for mouth related injuries)		Telephone Number
Street Address	City	Zip Code

Child's Medical History

Check any that currently apply <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions, Fainting <input type="checkbox"/> Anemia <input type="checkbox"/> Breathing Difficulties <input type="checkbox"/> Heart Disease <input type="checkbox"/> Born Pre-Mature <input type="checkbox"/> Concussion <input type="checkbox"/> Ear Infections <input type="checkbox"/> Other	Does your child need special protection from fatigue or infection
	Can your child participate in vigorous exercise/play
	Does your child have any health problems that necessitate special care
	Does your child have any vision or hearing impairments
Additional Comments/Information	

Consent to medical care and treatment of minor children

I give permission that my child, _____, may be given first aid/emergency treatment by the licensee and/or qualified staff member of Sugarland Child Care.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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 care 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 and will accept any expenses incurred. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Social

Has your child had play experience with other children? Ages?

Has your child had previous experience in a child care setting? Ages?

Does your child know other children enrolled in Sugarland?

By nature, is your child: Friendly, Aggressive, shy, active, quiet, etc...?

How does your child express anger or frustration?

Is your child speaking? If yes, at what age did he/she begin?

Does your child speak any other language(s) other than English? If yes, what language(s)?

Does he/she have any unique words/sounds to express needs or wants?

What are your child's favorite toys?

Eating/Sleeping Habits

What does your child eat with? Hands, fork, spoon, etc...?

Does your child feed himself/herself?

Child's general attitude towards eating:

What are some foods your child especially loves or dislikes?

When does your child nap? How often? How long?

Child's mood/needs upon awakening:

Toileting/Hygiene

Is your child toilet trained? If yes, at what age?

If no, what assistance does he/she need?

For boys, does your son sit or stand? Does he use a potty chair?

Can your child indicate toileting wishes? If yes, how?

If not trained, what are your future training goals? At what age would you like your child potty trained?

If toilet trained, does your child have accidents, wet the bed, etc...?

To what degree can your child dress him/herself?

Disciplinary Action and Assistance

How do you guide & discipline your child?

Do you reward your child with good behavior? How?

Are there any areas in which you would like assistance with your children or family?

Is there anything else you would like to share about your child that would help us provide the best care possible?

Permissions

May we use diaper ointments and talc free powders as needed on your child?

If yes, what brand and amount should we use?

May we use sunscreen on your child?

If yes, what SPF and brand should we use?

May we use hand sanitizers or hand wipes with alcohol on your child when needed if a sink and soap is not readily available?

Permissions

Child's Name _____

In considering applications for admission, Sugarland does *not* discriminate against any child or family regarding their race, color, creed, religious or economic background.

I acknowledge that I have received and understand the parent information packet. I have read and reviewed Sugarland's disaster plan, and agree to abide by the policies stated therein. I fully understand the rights, responsibilities, and relevant facility policies and procedures. I acknowledge that I understand and agree to abide by the policies of Sugarland.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Family Identity	Child's Name	Date
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The following questions are to help us, as providers, support each family's uniqueness and encourage cultural awareness and diversity amongst everyone at Sugarland. These questions can help children and providers learn about one another and celebrate or observe traditions in partnership with parents.

This is *optional* and will *not* be used to discriminate or disenfranchise children, families and/or belief systems.

What is your family's culture/heritage?

What are your family's beliefs/religion?

Does your family observe, participate in, and/or celebrate certain holidays/days/events/activities?

If yes, what holidays/days/events/activities does your family observe, participate in, and/or celebrate?

What holidays/days/events/activities does your family NOT observe, participate in, and/or celebrate

How would you like us to support your family in celebrating, participating in, or observing these holidays/days/events/activities?

As a parent of Sugarland I agree to help create a safe, open environment around and about all children to learn about each other's cultures and belief systems and to help celebrate and understand each child's unique identity.

_____ Parent Initials

As childcare providers and Sugarland staff I promise not to use any of the above information to discriminate against or exclude any family member(s). I also promise not to use the above information as weapons against children or family. The above information will stay confidential and will only be used as a means for Sugarland to help support parents/guardians teach and expand their child's mind.

_____ Staff Initials

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Provider Signature	Date	Provider Signature	Date

Provider-Parent/Guardian Child Care Contract

Welcome! We are glad you have decided to enroll your child into our family home daycare. You are welcome to contact the Department of Early Learning (DEL), who we are certified through (360.405.5822) to verify our status of licensing or should you have any concerns. As a certified provider, we care for children, from birth to kindergarten. Along with enrollment materials, parents will receive a copy of a parent checklist, which summarizes certification regulations. The following contract is to be completed and signed by the parent/guardian before care begins. Please read over all policies and fees before signing the contract. We must discuss fees and what services are covered before care begins. If you have any questions regarding fees, policies or practices, please feel free to discuss them with us.

This Contract is Between:

Provider's Name	Address	Phone Number
Sugarland Child Care	9180 Baird Ct NW Silverdale, WA 98311	(360) 692-1853

-And-

Parent/Guardian: Name
Parent/Guardian: Name
Third Party Payee (if applicable): Name

For the Care of:

	Last	First	Middle Initial
Child's Name:			
	Last	First	Middle Initial
Child's Name:			
	Last	First	Middle Initial
Child's Name:			

Sugarland may amend the contract/policies at any given time and the most current Handbook will be available for parents online at any time.

Hours of Care Needed					
Check Days of Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					

**Any additional days requested outside of the agreed upon schedule will incur an additional \$40.00 per day per child.*

Payment for Care

Account Type: _____ Fee: \$ _____ /month

Account Type: _____ Fee: \$ _____ /month

Account Type: _____ Fee: \$ _____ /month

Total Bill: \$ _____ /month

Note: Payments are due the first day of care each month.

Payment Methods:

- Electronic Bank Transfer (Preferred Method) Money Order
- Cash Credit/Debit Card (All childcare fees plus 3% fee)
- Check (Any NSF checks turn accounts to a cash only basis plus \$50 NSF charge and/or immediate discontinuation of care.)

_____ I agree to promptly notify the childcare provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I also understand that there are penalty fees, as written in the fee schedule that I was provided, that I would be subject to each month dependent upon my being on time.

_____ I agree to pay the monthly childcare fee on the first day of care for each month. I understand a late fee of \$10/day will be assessed if payment is not made on time. Accounts not paid on time are in default. At that time, child's enrollment will be suspended and childcare will not be available until full payment is made (including late fees, co-pays, and any other fees). Monthly payments applied to account are non-refundable if the child does not attend, regardless of reason.

_____ Sugarland will not be responsible for unpaid accounts due to parent/guardian disputes. If a bill is paid by more than one party, the division of the fees is strictly the responsibility of the parties involved. A complete Fee Schedule has been supplied and I understand the costs involved.

_____ I understand that Sugarland will not use my child's name or photo for any publication and/or publicity. Sugarland will not release any personally identifiable information to anyone for any reason with the exception of emergency situations and only with emergency personnel or in cases of reporting suspected child abuse and/or neglect to the appropriate authorities as required by Washington State Law WAC 170-296A-6275.

_____ I agree to not share any confidential or identifiable information about other children associated with Sugarland to any and all outside parties.

_____ All families will be enrolled on a trial period. The trial period of 30 days is to determine the right placement for your child. During this trial period either party (parent or Sugarland) has the right to terminate this agreement via phone, in person, or letter, with or without cause. No refunds will be given during this time. Your trial period will end on _____. Please make a note of this day. After the trial period a 30-day notice with pay will be required to terminate care. The parent will be responsible for payment for the days the child attended during the trial period.

By signing this contract, parent/guardians and providers agree to abide by the parent/guardian handbook, WA State licensing laws and regulations, and all Sugarland policies.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Provider Signature	Date	Provider Signature	Date

Attention Parent/Guardian(s): Certification requires all families receive a signed copy of the contract. Please be sure to obtain a copy of this contract.