

Official Use Only

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

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



*“Providing a safe, quality, Christ-centered environment for our future generation.”*

## Registration Packet

**(All information is required or enrollment will not be accepted)**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone(s): **Parent 1** (\_\_\_\_\_) \_\_\_\_\_ **Parent 2** (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent 1/Legal Guardian's Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent 2/Legal Guardian's Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child resides with: \_\_\_\_\_

**Emergency Contact's Name (Other than Parents):** \_\_\_\_\_

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

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

**Emergency Contact's Name (Other than Parents):** \_\_\_\_\_

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

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

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Persons Authorized to Pick up Student: (This person must present ID and use their full legal signature to sign out my child.):

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

Persons **Not** Authorized to Pick up Student (SCCC cannot deny access to biological parents without a current restraining order on file.):

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

Has child previously been enrolled in a daycare setting? \_\_\_\_\_ If yes, please list name/s of previous daycare environments:

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

Family's home church: \_\_\_\_\_

# Health History

## Hospitalizations and Illness (If yes, please explain):

1. Has child ever been hospitalized, operated on, or had a serious illness?

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2. Has child ever had a serious accident?

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## Health Problems:

1. Check any your child has or had:

<input type="checkbox"/> Asthma	<input type="checkbox"/> High fevers	<input type="checkbox"/> Excessive bleeding
<input type="checkbox"/> Ear infections	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision problems
<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Strep infections	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing problems	

2. Any other health problems that the Center should know about or that would affect child at school?

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3. Is this child currently taking medication? Medication name and reason:

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## Allergies:

1. Does this child have any allergies (circle one)?    Yes    No    (If yes, please explain.)

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2. Describe the reaction the child has:

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3. What is the treatment and/or medication?

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**Speech/Hearing:**

1. Do you have difficulty understanding your child's speech?

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2. Has your child been tested for or received speech therapy from public schools or other providers?  
If yes, please explain.

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3. Has your child been tested for hearing loss? If yes, please explain.

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**Physical Examination:**

1. Please give date of last physical exam: \_\_\_\_\_
2. Please attach a copy of immunization record.

***(State law requires that SCCC must be supplied with this information.)  
(Must have been within the past 12 months.)***

## Consent to Medical Care and Treatment of Minor Children

I, \_\_\_\_\_ (the natural parent or legal guardian), hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at Sunnyside Christian Childcare Center. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Any expense incurred is my responsibility (the natural parent or legal guardian).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Legal

## Authorization for Medical Treatment

I, as parent or guardian of \_\_\_\_\_ age(s) of \_\_\_\_\_, sex \_\_\_\_\_, minor(s), give my consent for him/her to receive any and all medical/dental care/treatment which may be necessary as a result of injury or illness incurred while participating in an activity of Sunnyside Christian Childcare Center on the date(s) of: \_\_\_\_\_ through \_\_\_\_\_. Should my child(ren) require medical attention/treatment, I understand that every attempt will be made to contact me; however, if I cannot be reached, I delegate \_\_\_\_\_ SCCC Staff \_\_\_\_\_ or any other adult assisting in this function of Sunnyside Christian Childcare Center to act in my behalf in authorizing emergency medical care/dental care/treatment or surgery. I will pay the reasonable costs and fees for this treatment to the same extent as if I had contracted for it myself.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Street Address/City/Zip Code

\_\_\_\_\_  
Work/Emergency Phone #

\_\_\_\_\_  
Physician's Name/Telephone #

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

## **“Field Trip” Authorization Form**

I, as parent or guardian of \_\_\_\_\_  
give my permission for him/her to go on “field trips”. As a center we will not be leaving the church property, but will be strolling on the sidewalks, playing in fields, walking over to Branches Park, and bike riding around cones on the parking lot. I consent to and assume responsibility for my child(ren)’s participation in this event, releasing Sunnyside Christian Reformed Church and Sunnyside Christian Childcare Center, 700 North 16<sup>th</sup> Street, Sunnyside, Washington 98944, from any damages which may result due to accident or injury.

If helmets or other protective gear is required by law for this type of event, I understand that my child(ren) will be able to participate only if he/she wears the required protective gear. (Advisors will also be required to wear said equipment.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

### **Permission to Administer Sunscreen**

I/We do\_\_\_\_ do not\_\_\_\_\_ give permission for my child to have sunscreen applied to exposed skin areas before going outside on warm, sunny days. Sunnyside Christian Childcare Center will provide a sunscreen with a sun protection factor (SPF) of 15 or more.

If I/We provide my own sunscreen brought from home, I/We understand my child’s name must be written on the container and a medication form must be completed and signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

## Permission to Participate in Center Activities

I, \_\_\_\_\_ have read the Sunnyside Christian Childcare Center Handbook  
Parent or Legal Guardian

and I fully understand all policies and procedures. I also have reviewed the Health Care Plan and the Disaster Plan for Sunnyside Christian Childcare Center located in the binder by the time clock.

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of Sunnyside Christian Childcare Center.

I hereby grant permission for my child to leave the Center premises under the supervision of the staff for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected with the Center's program.

The Center will not be responsible for anything that may happen as the result of false information given at the time of enrollment.

The Center will not assume responsibility for a child who has not been signed in when he/she arrives for the day. We require you to sign your child in with your full legal signature, no initials or printed name.

We will not assume responsibility for lost/stolen/broken items brought from home, including clothing.

The Parent or Legal Guardian is responsible for updating any information that enables the Center to contact the Parent/Legal Guardian in an emergency.

I do **NOT** want my child's picture posted on the SCCC Facebook page.

I do **NOT** want my child's picture posted on the private classroom Facebook page.

SIGNED: \_\_\_\_\_  
(Parent/legal guardian of child)

DATE: \_\_\_\_\_

## COVID-19 Face Shield Use

I want my child to wear a face covering when attending SCCC.

I do not want my child to wear a face covering. I understand the risks, but deem them detrimental to his/her health or learning.

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

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

## Information Acknowledgement

By initialing below, I/we agree to the following information:

\_\_\_\_\_ I/We have read and understand the policies and procedures in the parent handbook and will abide by the policies written within.

\_\_\_\_\_ I/we have read and understand the Crisis/Disaster Plan

\_\_\_\_\_ I/we have read and understand the Health Care Plan.

## Enrollment

I hereby enroll my child in Sunnyside Christian Childcare Center. I understand that I must use my full legal signature to sign-out my child.

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

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

Relationship to child: \_\_\_\_\_