



Registration Form

Child's name: _____ Age: _____ Birthday: _____

Cell phone: _____ Email address _____

Grade _____ Teacher's Name _____

(leave blank if unknown)

Parent's mailing address: _____

City _____ Zip code _____

In case of emergency, please list phone numbers where parents/guardians can be reached while your child is at Prime Time.

Name: _____ Relationship: _____ Phone: _____

Phone: _____

Name: _____ Relationship: _____ Phone: _____

Phone: _____

Individuals picking your child up must be authorized in writing. Phone calls will not work in accordance with State law. Please list individuals authorized to pick-up your child, including yourself.

Name: _____ Relationship: _____ Phone: _____

(parent)

Name: _____ Relationship: _____ Phone: _____

(parent)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Dr: _____ Hospital: _____ Phone: _____

Check if you do not have a preferred doctor/hospital

Health insurance: _____ Policy number: _____

Date of last exam: _____ Date of last tetanus shot (DPT): _____

(Updated May 2024)

Dentist Name: _____ Date of last Dental exam: _____

Does your child have any drug allergies? _____ If yes: _____

Does your child have any specific health problems or food allergies?

Is your child currently under a Doctor's care, or taking any medications?

Are there any specific fears, likes or dislikes that will help us care for your child?

How does your child act when ill? _____

Any additional information that will help us better care for your child: _____

Please circle which site you are registering for:

Browns Point

Crescent Heights

Lowell

NE Tacoma

Please circle the care option your child will be using:

Full-time \$550
(3-5 days)

AM \$325

(3-5 days morning only or afternoons only)

PM \$350

Prime Time has permission to photograph/video my child/family and use material in print and electronically for promotional material and training purposes: ____yes ____no

Prime Time has my permission to walk my child to and from school and on walking field trips to local parks and attractions: ____yes ____no

I authorize Prime Time to provide care for my child. In the event my child is injured or becomes seriously ill and I cannot be reached, I authorize the Prime Time staff to seek medical attention and I authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Please include a deposit, Venmo, check or money order, when registering your child. \$50 per child/\$100 maximum per family. Your deposit will be credited towards your September tuition payment.