

Date Child Entered Care:

Date Child Left Care:

## Prime Time Extended Learning Center, LLC Registration Form (Non-School Day)

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's parent/ guardian name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address where you can be reached while child is in care: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's parent/ guardian name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code: \_\_\_\_\_

Address where you can be reached while child is in care: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Other People to Notify in Case of Emergency!** Please include one emergency contact that is not a parent or guardian.

Name:  Relationship:	Address:	Work Phone:  Home Phone:
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Name:  Relationship:	Address:	Work Phone:  Home Phone:

### Other than you, who else has permission to pick up your child?

Name:	Address:	Work Phone: Home Phone:
Name:	Address:	Work Phone: Home Phone:
Name:	Address:	Work Phone: Home Phone:

### Who DOES NOT have permission to pick up your child?

Name:	Reason:
Name:	Reason:

### Child's Health Information

Emergency medical or dental plan if child does not have provider:

Child's Health Care Provider: Name and Phone number

Special Health Problems:

Is this a concern Prime Time needs to be aware of? If yes, please complete the Individual Care Plan and meet with your Site Director.

Yes  NO

Allergies, including drug reactions:

Is this a concern Prime Time needs to be aware of? If yes, please complete the Individual Care Plan and meet with your Site Director

Yes  No

Regular Medications:

Child's Dentist:

Phone Number:

Date of child's last physical exam:

### Child's Medical Insurance Coverage

Health Insurance:	Policy Number:
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Is Child Native American? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please circle the care option your child will be using:**

Fri. Dec.6 (7:15-5:30)  
\$50

Care for Non-school days must be paid at the time of enrolling. Once signed up, there is no refund for no-shows or cancellations. Please send your payment via Venmo to @primetime-tacoma, code 9020 or mail a check or money order to Prime Time at 1911 N. Mullen St., Tacoma 98406.

Non-school days do not include lunch. Parents must provide a home lunch during Non-school days.

Will State Subsidy be paying for your childcare? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you eligible for a discount? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, which one? \_\_\_\_\_

### Consent to Medical Care and Treatment of Minor Children

In the event my child is injured or becomes seriously ill and I cannot be reached, I authorize Prime Time Extended Learning Center staff to give and or seek medical attention and I authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance for treatment. I understand that any of the foregoing care will be at my expense. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct. I understand any of the foregoing care will be at my expense.

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

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