

Date Child
Entered Care:

Date Child Left
Care:

Prime Time Extended Learning Center, LLC Registration Form (Winter Break)

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:
Name: Relationship:	Address:	Work Phone: Home Phone:
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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Please circle the care option your child will be using:

Mon. Dec. 23 Thur. Dec. 26 Fri. Dec. 27 Mon. Dec. 30 Thur. Jan. 2 Fri. Jan. 3
\$50 (7:15-4) \$50 (7:15-4) \$50 (7:15-4) \$35 (7:15-12) \$50 (7:15-4) \$50 (7:15-4)

Care for Winter break 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.
Winter Break does not include lunch. Parents must provide a home lunch during Winter Break.

Will State Subsidy be paying for your childcare? YES _____ NO _____

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

Is Child Native American? YES _____ NO _____

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: _____