

Date Child
Entered Care:

Date Child Left
Care:

Prime Time Extended Learning Center, LLC Registration Form

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: |
|-------------------|----------------|

Is Child Native American? YES _____ NO _____

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 AM \$325 PM \$350
(3-5 days) (3-5 days morning only or afternoons only)

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: _____