



P1810 N. 155<sup>th</sup> Street Shoreline, WA 98133  
206-362-8278

**Applicant Information**

Child's Name: \_\_\_\_\_  
*First M.I Last*

Parent/  
Guardian  
Name: \_\_\_\_\_  
*First M.I Last*

Parent/  
Guardian  
Name: \_\_\_\_\_  
*First M.I Last*

**Days and Time Child Receives Care**

Days of Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

**Monthly Fee:** \$ \_\_\_\_\_ **Payment Due on the 1<sup>st</sup> / DSHS Co Pay Per Month** \$ \_\_\_\_\_

**Other Fees:** Registration Annual Fee: \$150 per year / **Late Fee:** \$1 per Minute after 6pm

**Source of Payment:** Parent or Other Source (Specify): \_\_\_\_\_

**Parent Agreement**

I agree to promptly notify Petite Academy management of any changes to the above information as well as other documents in this packet. I understand that I am fully responsible for the terms of this agreement as stipulated. As required, I will give a 30-day notice if I will be terminating care with Petite Academy. Monthly fees or co pays are due at the 1<sup>st</sup> of each month or a daily \$10 late fee will be applied after the 5<sup>th</sup> day. If I arrive after the above agreed time, there will be a \$1 late fee per minute that needs to be paid to the teacher at pick up that stayed with my child. I agree to give notification if my child will be out for any reason such as vacation or if my child is sick.

Parent or Guardian Signature _____	Date: _____	Parent or Guardian Signature _____	Date: _____
------------------------------------	-------------	------------------------------------	-------------

I agree to provide child care services according to the above plan. I agree to follow all child laws, WAC, DEL and licensing requirements and provide a detailed policy to the parents or guardians. I agree to promptly notify the parents or guardians of any changes in this center to who is listed above in person and in written notification.

Licensee Signature: _____	Date: _____
---------------------------	-------------



## Child Care Registration Form

<b>Date Child Entered Care</b>		<b>Date Child Left Care</b>	
<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Child's Middle Initial</b>	<b>Birthdate</b>
<b>Child's Parent/Guardian Name</b>	<b>10 Digit Home Phone #</b>	<b>10 Digit Work Phone #</b>	<b>10 Digit Cell Phone #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Child's Parent/Guardian Name</b>	<b>10 Digit Home Phone #</b>	<b>10 Digit Work Phone #</b>	<b>10 Digit Cell Phone #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

### Other People to Notify in Case of Emergency

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Has Permission to Pick Up My Child

**Must show Picture Identification and sign child out during pick up and sign child in during drop off.**

<b>Full Name:</b>	<b>Address: City/State: Zip:</b>	<b>10 Digit Phone Number:</b>
<b>Full Name:</b>	<b>Address: City/State: Zip:</b>	<b>10 Digit Phone Number:</b>
<b>Full Name:</b>	<b>Address: City/State: Zip:</b>	<b>10 Digit Phone Number:</b>

### Does Not Have Permission to Pick Up Child

<b>Name:</b>	<b>Reason:</b>
<b>Name:</b>	<b>Reason:</b>



Child's Health Information		
Child's Health Care Provider:	Address: City/State: Zip Code:	10 Digit Telephone Number:
Last Physical:	Last Tetanus Immunization:	Other Important Information:
Special Health Problems: Yes or No If Yes Specify:	Allergies Food/Drugs: Yes or No If Yes Specify:	Regular Medications: Yes or No If Yes Specify:
Child's Dental Information		
Child's Dentist: Dentist Name:	Address: City/State: Zip Code:	10 Digit Telephone Number:
Child's Medical Insurance Coverage		
Insurance Company Name:	Member/Policy Holder Name:	Policy Number:

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

I certify that my answers are true and complete to the best of my knowledge. I give permission that my child \_\_\_\_\_ may be given first aid and emergency treatment by a qualified child care provider and staff at Petite Academy, 1810 N. 155<sup>th</sup> Avenue Shoreline, WA 98133.

When I cannot be contacted, I authorize and give my consent to medical, surgical and hospital care. Treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I give my consent for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

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



1810 N. 155<sup>th</sup> Street Shoreline, WA 98133  
206-362-8278

## CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment by a qualified daycare staff member at Petite Academy. I further authorize and consent to medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician, hospital or aid care attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

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

I certify (or declare) under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Allergies including Reactions to Drugs \_\_\_\_\_

\_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

\_\_\_\_\_

Regular Medications \_\_\_\_\_

\_\_\_\_\_

Blood Type \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physicians 10 Digit Phone# \_\_\_\_\_

Parent Name:	Parent Signature:	Date:



**Permission Authorization**

<b>Childs Name</b>	First	Middle	Last
--------------------	-------	--------	------

The provider or assistant has permission to transport my child in a motor vehicle to go:

	YES	NO
1. On field trips		
2. To and from school		
3. To obtain medical care		
4. On occasional errands		
5. Other (specify below):		

This permission is granted when the licensee follows all the requirements for transporting children WAC 170-296-1250

The provider or assistant has my permission to:

	YES	NO
1. Take my child on walks		
2. Take my child on public transportation		
3. Take my child swimming		
4. Take photographs of my child		
5. Give my telephone number and address to other parents		
6. Other (specify below):		

Parent Guardian Signature:	Date:	Parent Guardian Signature:	Date:
----------------------------	-------	----------------------------	-------



## Parent Handbook, Disaster Plan and Pesticide Verification Form

I/We have read the Parent Handbook, Disaster Plan, and Pesticide Policy. I/We understand the contents of the handbook and agree to follow the policies and procedures. I/We have been given a copy of the Parent Handbook for reference while our child is in care.

I/We understand that the provider may change policies and procedures at any time, will give us two weeks' notice of changes and present the changes in writing.

### **TERMINATION OF SERVICES**

**30 Day** notice in writing is required if you intend to terminate care from Petite or make any changes to the current agreement. (Ex: from full time to part time, etc.).

Petite Academy requires parents to fill out an **exit questionnaire**.

**If you should terminate your child's care without notice, you will be responsible for payment of a full month. Failure to comply, you will be responsible for additional fees and charges that may occur in order to collect the fee. (Ex: Attorney fees, Collection agency, court, etc....)**

### **PAYMENT POLICIES**

Payments are due first of each month in advance. There is a \$5.00 per day late fee charge after the fifth. If the fee is not paid after a period of five days, your child will not be admitted until all fees are paid in full. The Penalty for NSF check is \$50.00 plus \$5.00 per day late fee as of first of the month to the time that payment is paid in full. Cash payment is required for returned checks. You may be put on a cash basis after the second NSF check. **Upon enrollment, half of the monthly fee & registration fee is required to hold the spot and is non-refundable. The other half is to be paid the day the child starts.**

Parent Guardian Name:	Date Signed:
-----------------------	--------------



**I give Petite Academy permission to add my child/children picture on:**

**Facebook** <https://www.facebook.com/PetiteAcademy/>

On our Facebook page we post resourceful information for families and share pictures with activities that the children do together in the classroom.

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

**I give Petite Academy permission to add my child/children picture on Website:**

<http://www.petiteacademy.com/>

We post pictures of activities that the children do in the classroom.

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

**I give Petite Academy permission to add my child/children daily activities on Teaching**

**Strategies Gold:** <https://teachingstrategies.com/>

Teaching Strategies has believed that the best and most powerful way to improve child outcomes is through effective teaching. Strong partnerships that encourage family involvement are an essential part of any high-quality early childhood education program. When teachers and families work together, children's development and learning is fully supported.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

My Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_