

# Brown Bear Educare Registration

Please print clearly in **BLACK** ink

**Child's Full Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Special Instructions for contact:**

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **ext.** \_\_\_\_\_ **Cellular Phone:** (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Father Full Name:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Special Instructions for contact:**

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **ext.** \_\_\_\_\_ **Cellular Phone:** (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Living Together \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Legal Parenting Plan: \_\_\_\_\_

Other Household Members: (names, ages, relationships) May include pets: \_\_\_\_\_

<b>I authorize the following people to pick up my child without prior notice</b>	<b>Phone numbers</b>	<b>Relationship</b>
<b>Person(s) NOT authorized to pick up my child:</b>		
Reason:	Type of supporting document (if child's other parent)	

**I (we) agree to adhere to the following weekly schedule: (Maximum of 10 hours per day)**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Drop off/ Pick up Times</b>					
<b>Office Use Only</b>	<b>Age of child(ren)</b>	<b>Rate type</b>	<b>Monthly Amount</b>	<b>Siblings</b>	<b>Pymnt date/amount</b>

## Emergency Contacts

In the event I the parents (guardians) can not be reached, I wish to have these people pick up my child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

### Emergency Release:

#### Consent to Emergency First Aid & Transportation

I hereby give permission that my child, \_\_\_\_\_, may be given emergency aid by a staff member at Brown Bear Educare. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold **Brown Bear Educare** and/or its employees harmless for all aspects of First Aid and related transportation. Furthermore, I understand that my consent protects the provider of first aid from liability under the Good Samaritan Act

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Consent to Medical Care and Treatment

If I cannot be contacted immediately in the event of an accident or emergency, I authorize the medical provider to administer medical and surgical treatment. I hold **Brown Bear Educare** and/or its employees harmless for all aspects of treatment and its facilitation

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

<p>I have read the following documents online at <a href="http://bbecare.com">bbecare.com</a> or at the facility if I do not have internet access <b>(initial the following)</b>:</p> <p>_____ Parent Handbook</p> <p>_____ Health Care Policy</p> <p>_____ Pet Policy</p> <p>_____ Pesticide Policy</p> <p>_____ Disaster Plan</p>	<p style="text-align: center;"><b>Photography</b></p> <p>The employees of Brown Bear Educare will not disclose names of subjects in photos, unless given my specific written permission. I understand that it is not the intent the employees of Brown Bear Educare to take or use photographs in any demeaning or harmful manner, and those photos will be appropriate and used with good judgment. I give permission for the employees of Brown Bear Educare to photograph my child, and to: <b>(use initials)</b></p> <p style="text-align: right;">_____ Display them in the Classroom</p> <p style="text-align: right;">_____ Use for advertisement website/brochure</p> <p style="text-align: right;">_____ Use for educational projects</p>
---	--

**The undersigned warrant that the information provided in this and all other forms required for registration is true and accurate as required by WAC 388-295-7010 and that they understand and agree to the terms of this document and the Parent/Provider Contract which includes compliance with the policies of all documents listed herein. The signatories recognize and will abide by all payment terms including the registration fee and one month tuition to secure this registration with the knowledge and accord that said fees are non-refundable.**

Parent/Guardian (Mother) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_ Date: \_\_\_\_\_

# Health History

1. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_
2. Last Physical Examination or the date your child was last seen by a health care provider for reasons other than immunizations: \_\_\_\_\_.

**Please write "none" on any questions that apply below. Do not leave blank spaces.**

3. Allergies, including medications, expected symptoms, and method of treatment if necessary:

4. Health & developmental concerns or issues:

5. Does your child have any life threatening medical condition that requires an individual health plan? \_\_\_\_\_  
If yes, please provide a health plan signed by your child's health care provider.

6. List all medications your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

<b>Child's Health Care Provider</b>	<b>Child's Dentist</b>
Name:	Name:
Address:	Address:
Phone:	Phone:

## **Infant Information (under 12 months)**

What does your infant eat? (Ex: breast milk, formula...) \_\_\_\_\_

Describe a typical day for your infant: