

Child Care Registration Form

Date child entered care

Date child left care

Child's name (Last, First, Middle)

Name used (Nickname)

Birthdate

Street address

City

Zip code

Child's parent/guardian name

Circle the best number to contact you at when your child is in our care

cell phone #

home phone #

alternate phone #

Street address

City

Zip code

Child's parent/guardian name

Circle the best number to contact you at when your child is in our care

cell phone #

home phone #

alternate phone #

I give my permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature: _____ Date: _____

In an emergency, if you are not able to contact me, contact the following:

Name (first and last)

cell phone #

home phone #

alternative phone #

These individuals also have permission to pick up my child:

Name (first and last)

cell phone #

home phone #

alternative phone #

Child's health information

Child's medical care provider or parent's/guardian's preferred medical facility for treatment

Name:

Phone:

Street Address:

Child's last physical exam, if available

Child's dental care provider or parent's/guardian's preferred dental facility for treatment

Name:

Phone:

Street Address:

Child's last dental exam, if available

Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)

Consent to medical care and treatment of minor children

I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at:

Name of Licensee: _____

Address of Licensee: _____

Parent/guardian signature

Date

Parent/guardian signature

Date

When I cannot be contacted, I authorize and 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 care attendant to safeguard my child's health. 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 under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature

Date

Parent/guardian signature

Date

Kid's Country Barn After-School Days and Hours:
Monday – Friday after school until 5:30 PM

Days Attending: M T W TH F

School: _____

Daily Pick Up Time: _____PM

Total Daily Hours: _____

*See website for tuition rates

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Kids Country Barn

Company Tax ID Number: 85-2911-861

I (we) hereby authorize Kid's Country Barn, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:		
Branch:		
City:	State:	Zip:
Routing Number:		Account Number:
Dollar Amount (\$): Monthly Tuition		Transaction Starting Date:
Parent/Guardian Names		
Child's Name:		Class:
Weekly Schedule:		
Deposit Amount Paid (\$):		Monthly Tuition Amount (\$):

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All notifications of termination must be made prior to the 1st of the month for a 30-day notice per PARENT PAYMENT CONTRACT.

Name(s):	ID Number:	N/A:
Signature:	Date:	

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.