

**Country Knoll Preschool
Registration**

Child's Name _____ **Birth Date** _____

Address _____ **City** _____ **Zip** _____

**Child's Parent/Guardian's
Name** _____

Home Phone _____ **Work** _____ **Cell** _____

Address _____ **City** _____ **Zip** _____

**Work
Address** _____ **City** _____ **Zip** _____

**Child's Parent/Guardian's
Name** _____

Home Phone _____ **Work** _____ **Cell** _____

Address _____ **City** _____ **Zip** _____

**Work
Address** _____ **City** _____ **Zip** _____

EMERGENCY CONTACT INFORMATION

Name	Address	Phone
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1. _____

2. _____

3. _____

4. _____

WHO HAS PERMISSION TO PICK UP YOU CHILD?

- 1. _____
- 2. _____
- 3. _____

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

- 1. _____
- 2. _____
- 3. _____

DATE OF LAST PHYSICAL EXAMINATION _____

CHILDS HEALTH CARE PROVIDER'S NAME _____

HEALTH CARE PROVIDERS PHONE _____

HEALTH CARE PROVIDERS ADDRESS _____

CITY _____ **ZIP** _____

HEALTH PROBLEMS _____

ALLERGIES AND DRUG REACTIONS _____

CONSENT TO MEDICAL CARE

I hereby give permission that my child _____, may be given emergency treatment by a qualified child care provider at Country Knoll Preschool. 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 car attendant to safeguard my child's health. I wave 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 penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

**Parent/Guardian's
Signature _____ Date _____**

**Parent/Guardian's
Signature _____ Date _____**

**Street Address _____ City _____ Zip _____
Phone Number _____**