



ISSAQUAH CHILDREN'S ACADEMY  
EARLY CHILDHOOD DEVELOPMENT SPECIALISTS

# Issaquah Children's Academy Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____	Birth Date: _____
Address: _____	Home Phone:( ) _____
City: _____	State: _____ Zip Code: _____
Nickname: _____	Social Security #: _____

Mother's Full Name: _____	Home Phone: ( ) _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: ( ) _____
Name of Employer: _____	Cell Phone: ( ) _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____

Father's Full Name: _____	Home Phone: ( ) _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: ( ) _____
Name of Employer: _____	Cell Phone: _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____

Parent/Guardian with legal custody \_\_\_\_\_  
Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

Other Household Members:  
Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts (Allowed to pick up) (Within 20 mile radius of childcare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____
Secondary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____



Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

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

Comment

\_\_\_\_\_ Ki

d Code: \_\_\_\_\_ (*Secret word between parent & child for identification and pick up*)

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: \_\_\_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of other school child attends: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Release

#### **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Issaquah Children's Academy. 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 Issaquah Children's Academy and its employees harmless.

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

#### **Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and Issaquah Children's Academy and its employees harmless.

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

### Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Blood Type: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_

### Field Trip Permission

I hereby request that my child, \_\_\_\_\_, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of Issaquah Children's Academy for his/her benefit in attendance at this facility.