



BANBURY CORNER CHILDREN'S CENTER
305 N Eunice St, Port Angeles, WA. 98362

Start date _____
End date _____

1. _____
Child's Last name First Middle Birthdate

2. _____
Physical Address City Hm. Phone Cell phone

3. _____
Siblings & birthdates

4. _____
Parent 1 (mother) Last name First Middle Hm. Phone Cell Phone

5. _____
Parent 1 (mother) Workplace Address Work Phone

6. _____
Parent 2 (father) Last name First Middle Hm. Phone Cell Phone

7. _____
Parent 2 (father) Workplace Address Work Phone

8. (1) _____

(2) _____

(3) _____

Above list 3 emergency contacts with complete name, address, hm. & wk. phone # & relationship.
*(Note that these 3 contacts have permission to pick up your child at any time.) Must have three.

9. _____
Child's doctors name Clinic Clinic Address Clinic Phone #

10. _____
Last date of visit to the doctor (month & year)

11. _____
Child's dentist name Address Phone #

12. _____
Child's health problems, allergies, or developmental concerns (if none write none). Give treatment plan
Need special form: ask management (have filled out by doctor). Any emergency medicine give to
management. (STATE LICENSING REQUIRES SPECIAL FORMS.)

*****Please turn this sheet over*****

13. Child's Strengths _____ Child's Needs _____

14. List of current medications: (If none write none) _____

15. _____
Explain life threatening conditions if your child has any.(If yes, list and if no write none in line above)

16. _____
My child's medical coverage is with: (list on line above)

17. My child has attended these daycares and preschools: _____

Consent to medical care and treatment of minor children/fieldtrip info/ photo info/sunscreen/hand wash:

I, _____, the natural parent/legal guardian of _____ authorize and consent to medical, surgical care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I can't be contacted. I waive my right of informed consent of such treatment. I agree to pay in advance as set by the director. I have read, been explained to, & understand all the rates and special charges, including daycare policies & procedures & information provided in the handbook. I have read & understand the emergency disaster plan & health care plan; and know of the written location at the center. I give my child permission to go on walks, field trips, and rides by car and bus under daycare staff supervision;& photographs to be taken & released for advertising or personal use- videotaping or trainings, preschool & daycare websites. I give permission for sunscreen to be applied when necessary and for my child to use hand sanitizing, but understand it is not to be replaced with proper handwashing.

***** SIGN AND DATE BELOW *****

X _____ X
(SIGNATURE) (DATE)

EMAIL ADDRESS _____