



Eastside Children's Academy

Child Care Registration Form

Today's Date:	Date child entered care:	Date child left care:
---------------	--------------------------	-----------------------

Child's Name: Last, First Middle	Nickname:
----------------------------------	-----------

Date of Birth:	Gender:	Age:
----------------	---------	------

Child's Parent/Guardian Name:	Employer:
-------------------------------	-----------

Email Address

Home Phone # () -	Cell Phone # () -	Work Phone # () -
-----------------------	-----------------------	-----------------------

Address: Street	City	Zip Code
-----------------	------	----------

Address where you can be reached while child is in care:
--

Child's Parent/Guardian Name:	Employer
-------------------------------	----------

Email Address

Home Phone # () -	Cell Phone # () -	Work Phone # () -
-----------------------	-----------------------	-----------------------

Address: Street	City	Zip Code
-----------------	------	----------

Address where you can be reached while child is in care:
--

Child's Weekly Schedule			
-------------------------	--	--	--

	IN	OUT	HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Other than you, who else has permission to pick up your child?		
--	--	--

Name / Relationship to child	Address	Contact information
		Home: () - Cell: () -
		Home: () - Cell: () -
		Home: () - Cell: () -
		Home: () - Cell: () -



Eastside Children's Academy

Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file)			
NAME		RELATIONSHIP TO CHILD	
Child's Health Information			
Date of child's last physical exam:	Child's Health Care Provider:	Telephone Number:	
Street Address	City	Zip Code	
Special health problems? Yes or No? If yes, specify.	Allergies, including drug reactions Yes or No? If yes, specify		
Regular medications? Yes or no? If yes, specify.	Other important information:		
Child's dentist name	Phone: () -		
Street Address	City	Zip Code	
Child's Medical Insurance Coverage			
Insurance company name	Member/ Policy number		
Policy holder name	Employer name		
Insurance company name	Member/ Policy number		
Policy holder name	Employer name		
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 (first responder) when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right or 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 laws of the State of Washington that this information is true and correct.			
Parent/guardian signature	Date	Parent/guardian signature	Date



Eastside Children’s Academy

Eastside Children’s Academy Policies and Procedures Handbooks

Please initial and date after you have read the following:		
<input type="checkbox"/> PARENT HANDBOOK	Initial: _____	Date: _____
<input type="checkbox"/> PESTICIDE POLICY	Initial: _____	Date: _____
<input type="checkbox"/> BLOOD BORNE PATHOGENS	Initial: _____	Date: _____
<input type="checkbox"/> DISASTER PLAN	Initial: _____	Date: _____
<input type="checkbox"/> MEDICATION POLICY	Initial: _____	Date: _____
<input type="checkbox"/> BEHAVIOR POLICY	Initial: _____	Date: _____

PHOTO AUTHORIZATION FORM

Enrolled children at Eastside Children’s Academy will be involved in school activities where they may be photographed. Photographs of children may be used in a variety of media to celebrate a student’s success in a particular area, and/or for educational purposes or to promote activities at the school. Photographs of children are also used in school newsletters, school brochures, and ECA website, Instagram, Facebook, special displays & other promotional material. Most parents are happy for their child’s photograph to be used and their children enjoy seeing their photographs in the newsletter and in school publications.

We need parental permission to publish and/or post children’s photographs. No child’s photograph will knowingly be published or posted without parent permission. Accordingly, ECA asks that you complete the form below and return it to school by the first day of school. Please note this permission form is valid for the duration of your child’s schooling at Eastside Children’s Academy; however, changes may be made, or permission may be withdrawn at any time upon written notification. Please see the Executive Director to make changes in the photo release.

PERMISSION TO USE CHILD’S PHOTOGRAPHS

Child’s Name: _____ School Year: _____

Please initial one:

_____ I **do** give permission for photographs of my child to be published or posted in the local newspapers or used in brochures or special displays. I am aware that this may be accompanied by my child’s first name.

_____ I **do not** give permission for photographs of my child to be published or posted in the local newspapers or used in brochures or special displays.

Please initial one:

_____ I **do** give permission for my child’s photograph to be used in the ECA newsletter, Instagram, Facebook and website.

_____ I **do not** give permission for my child’s photograph to be used in the ECA newsletter, Instagram, Facebook and website.

Please initial one:

_____ I **do** give permission for photographs of my child to be posted in the ECA shared classroom on bulletin boards.

_____ I **do not** give permission for photographs of my child to be posted in the ECA shared classroom on bulletin boards

I acknowledge that ownership of such material is retained by the school.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____



Eastside Children's Academy

POLICIES AND PROCEDURES

In order to assure that parents clearly understand the policies and procedures of Eastside Children's Academy, we ask you to read and initial each of the following:

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS:

PAYMENT PROVISIONS

- _____ 1. A non- refundable Registration fee of \$150 per child enrolled is payable at the time of enrollment.
- _____ 2. All tuition payments are due in advance on the 1ST of every month. A \$15 each week payment is late. Enrollment suspension will become effective 4 weeks after the account has become delinquent. If collection action is initiated a service charge will be assessed.
- _____ 3. There is no reduction of tuition for absence due to sickness, vacations, holidays, public school closures or school closures due to inclement weather. PLEASE NOTE: the school will close for inclement weather only in the most extreme weather conditions when the safety of the children is considered to be at risk. Eastside Children's Academy follows the Bellevue School District closures for inclement weather.
- _____ 4. There is a late pick-up fee that will be charged to your account if your child is not picked up by 6:00 PM. This amount will increase by \$15.00 for the first 5 minutes the child is in our care after 6:00 PM then \$1.00 per min thereafter.
- _____ 5. A \$30.00 Non-Sufficient (NSF) fee will be charged to the student's account when checks are returned as NSF.
- _____ 6. A written one- month advance notice must be given prior to any changes in the child's schedule.
- _____ 7. A written "notice of withdrawal" must be submitted to the Director *prior* to the first day of the last month of care. A *minimum* of 30 days' notice is required. Monthly tuition covers the full calendar month of care and will not be prorated. The security deposit will be applied to the last month of care.

ADDITIONAL INFORMATION

Has your child been involved in a center or preschool experience previously?

Does your child have any special needs? (Allergies, diet, nap, etc.)

Does your child take medication daily? If yes, please explain:

Are there any special problems or concerns about your child's health or behavior?

What are your child's interests? Does he/she like art? Animals? Sports?

What are your child's dislikes?