



Eastside Children's Academy Child Care Registration Form

Today's Date:	Date child entered care:	Date child left care:
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Child's Name: Last First Middle	Nickname:	
Date of Birth:	Sex	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? (minimum of 2 are required)

Name / Relationship	Address	Contact information
		Home: () Cell: ()
		Home: () Cell: ()
		Home: () Cell: ()
		Home: () Cell: ()



Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file).	
NAME	REASONING

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 childcare licensee and/ or qualified staff at:

Name of Licensee: [Eastside Children's Academy](#)

Address of Licensee: [1535 116th Ave NE, Bellevue WA 98004](#)

Parent/guardian signature	Date	Parent/guardian signature	Date
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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 or 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
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Eastside Children's Academy Policies and Procedures Handbooks

Please initial and date after reading the following:

PARENT HANBOOK	Initial: _____	Date: _____
PESTICIDE POLICY	Initial: _____	Date: _____
BLOOD BORNE PATHOGENS	Initial: _____	Date: _____
DISASTER PLAN	Initial: _____	Date: _____
MEDICATION POLICY	Initial: _____	Date: _____
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, website, Instagram, Facebook, special displays and 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 Name: _____

Signature: _____ Date: _____



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 and ANNUALLY each September. (wait list \$150.00 fee will apply to the first registration fee)
- _____ 2. A non-refundable **SECURITY DEPOSIT** that equals to one month's tuition will be withdrawn from your account. This deposit will secure your child's start date with the Academy. This security deposit will pay for your child's last month of tuition.
- _____ 3. A minimum of three (3) months of enrollment are required before a child can disenroll from the program. You will be responsible for the first three (3) months of tuition after enrollment.
- _____ 4. All tuition payments are due in advance on the 1ST of every month. Late payment fee is \$15.00 per week. Enrollment suspension will become effective 4 weeks after the account has become delinquent. If collection action is initiated a service charge will be assessed
- _____ 5. There is no reduction of tuition for absence due to sickness, vacation, holidays, public school closures or Academy 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.
- _____ 6. 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 first 5 minutes child in in our care after 6:00 PM, then \$1.00 per minute thereafter.
- _____ 7. A **\$30.00 NSF** fee will be charges to Student's account when checks are returned NSF.
- _____ 8. A written one-month advance notice must be given prior to any changes in the child's schedule.
- _____ 9. A written one-month advance notice must be given *prior* to the first day of the last month of care. Monthly tuition covers the full calendar month of care and will not be pro-rated. The deposit will be applied to the last full month of care. Failure to give this notice at least 30 days in advance will result in loss of your security deposit.



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?