

# Cannon Beach Conference Center's Kids Program Registration

Please fill this out in its entirety. All information helps us to offer the best care for your child. Please contact staff if any of this information changes.

Child's Full Name \_\_\_\_\_ Child's Nickname \_\_\_\_\_ Birth date \_\_\_\_\_  
Date Entered Care \_\_\_\_\_ Age at Entry to Care \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Parent or Guardian Contact Information**- include mailing address if different than street address

Name (first, last) \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Employer/Work Hours \_\_\_\_\_ Work phone \_\_\_\_\_

Name (first, last) \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Employer and Work Hours \_\_\_\_\_ Work phone \_\_\_\_\_

**Billing**-person responsible for the bill

Name (first, last) \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Required Emergency Contact Information**-who we contact if we can't get a hold of parents

Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent or Guardian Authorization**-Please read and confirm with a check, the last two must be checked in order to enroll child.

- My child** may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My child** may be photographed for publicity or news purposes:  
 Used On-site       Used Off-site
- My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.
- In an emergency**, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Please list any restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Continued on back (additional signature and date)

# Child Information

## Child's Medical Information

Does your child have allergies? Yes No

Has your child had chickenpox? Yes No

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Child's Medical/Dental Contact Information - information needed

Insurance Provider and Policy Information (if applicable) \_\_\_\_\_

Primary Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dental Provider \_\_\_\_\_ Phone \_\_\_\_\_

## Child General Information - please include all information that will assist us in providing quality care for your child

Has your child previously been in child care? \_\_\_\_\_ What type of care and for how long? \_\_\_\_\_

Reason for requesting care \_\_\_\_\_  
\_\_\_\_\_

Likes and Dislikes \_\_\_\_\_  
\_\_\_\_\_

Eating Habits and Schedule \_\_\_\_\_  
\_\_\_\_\_

Sleeping Habits and Schedule \_\_\_\_\_  
\_\_\_\_\_

Play \_\_\_\_\_  
\_\_\_\_\_

Fears \_\_\_\_\_  
\_\_\_\_\_

Special Words and their Meanings \_\_\_\_\_  
\_\_\_\_\_

## Other Children in Home

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

## Other Information - Please include any information that may be helpful in taking care of your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Attendance and Transportation

Please fill out this sheet with all options that apply. If this information changes at any time please contact staff.

Child's Full Name \_\_\_\_\_ Date: \_\_\_\_\_

## Attendance-check all that apply

### Preschool (8:30-11:30)

- |                                                    |                                                         |
|----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Monday, Wednesday, Friday | <input type="checkbox"/> All five days                  |
| <input type="checkbox"/> Tuesday, Thursday         | <input type="checkbox"/> Early morning care(8:00-11:30) |

### Early Morning (8:00-11:00)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Drop In  |

### Afterschool (Afterschool – 5:30)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Drop In  |

## Transportation Arrangements-please read and initial besides all that apply to your child

### Preschool

- \_\_\_\_\_ My child will be dropped off at Charis Kids, walked into class and checked in with staff.
- \_\_\_\_\_ My child will be picked up from Charis Kids at the end of the day, by a guardian or previously approved adult. See list below.

### Kindergarten

- \_\_\_\_\_ My child will be dropped off for morning care and full days at Charis Kids, walked into class and checked in with staff.
- \_\_\_\_\_ My child will be picked up from Charis Kids by the school bus for Kindergarten.
- \_\_\_\_\_ My child will be dropped off by the school bus for Afterschool Charis Kids.
- \_\_\_\_\_ My child will be picked up from Charis Kids at the end of the day, by a guardian or previously approved adult. See list below.

### School Age- First through Fifth grade

- \_\_\_\_\_ My child will be dropped off by school bus for Afterschool Charis Kids.
- \_\_\_\_\_ My child will be picked up from Charis Kids at the end of the day, by a guardian or previously approved adult. See list below.
- \_\_\_\_\_ On full days my child will be dropped off at Charis Kids, walked into class and checked in with staff.

### All Ages

\_\_\_\_\_ My child may be picked up by the following adults: Include additional sheet if needed

Name (first, last) _____	Phone _____	Relationship _____
Name (first, last) _____	Phone _____	Relationship _____
Name (first, last) _____	Phone _____	Relationship _____
Name (first, last) _____	Phone _____	Relationship _____

\_\_\_\_\_ My child may be taken on field trips or excursions by van, as well as on neighborhood walking excursions under required supervision.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_