

# General Body Childcare Registration



Organized by Squaxin Island Child Development Center

Parents Full Name : \_\_\_\_\_ Phone# \_\_\_\_\_ Enrollment# \_\_\_\_\_

Parents Full Name : \_\_\_\_\_ Phone# \_\_\_\_\_ Enrollment# \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Number: \_\_\_\_\_ Pick-up Y/N

Emergency Contact 2: \_\_\_\_\_ Number: \_\_\_\_\_ Pick-up Y/N

Emergency Contact 3: \_\_\_\_\_ Number: \_\_\_\_\_ Pick-up Y/N

Child(ren) Name: \_\_\_\_\_ Age: \_\_\_\_\_

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Child(ren) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please List any known FOOD ALLERGIES for each child:

Child: \_\_\_\_\_ Allergy: \_\_\_\_\_

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Any Additional allergy information can be added to the back of the page.

Please Let us know if there is any special information or consideration's are needed for this child.

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The General Body childcare will provide care for the sole purpose of providing Tribal families with care during the general body meeting. We will offer care from 8:00 am until 1:00 pm on May 4th. We have limited spots available this will be first come first serve based on child to teacher ratio. Same day drop off wont be excepted due to ratio.

Care Agreement :

At the end of our scheduled childcare there is no adult supervision. If your child(ren) have not been picked up at 1:00 pm, the staff will then start to contacting the parents/guardian, then the identified emergency contact/pick-up designees. If no one can be reached, as a last resort, our policy is to contact ICW after 30 minutes. Please sign that you understand this agreement.

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_