

Alki Beach Academy

Giving all children an opportunity to grow



Alki Beach Academy Registration Form

Child's Name (first, middle, last) _____ M F (Circle One)

Nickname _____ Date of Birth _____

Address _____

Home Phone (_____) _____

Enrollment Date _____

Days in Attendance: Monday Tuesday Wednesday Thursday Friday

Hours of Attendance: Arrival Time _____ Departure Time _____

Parent or Guardian _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

Texting cell number preferred State Driver's License # _____

Employed by _____

Parent or Guardian _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

Texting cell number preferred State Driver's License # _____

Employed by _____

List Siblings living in the home Age School Attending

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Emergency Procedures

Persons to Notify (after parents):

Name _____ Relationship _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Texting cell number preferred State Driver's License # _____

Name _____ Relationship _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Texting cell number preferred State Driver's License # _____

Plan alternate care if child is ill:

Name _____ Relationship _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Texting cell number preferred State Driver's License # _____

Who has permission to pick up your child/children? (Other than the parent or Guardian):

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Name _____ Phone (____) _____

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Milestones

Has your child learned to...

(Circle One)

Say or sing nursery rhymes?

Yes No

Listen to stories?

Yes No

Sing songs?

Yes No

Dress him/her self independently?

Yes No

Recognize and name common objects?

Yes No

Count?

Yes No

If he/she can count, to what number? _____

Name basic colors?

Yes No

Has your child ever attended any type of preschool or childcare facility before?

Yes No

What do you hope your child will gain from his/her childcare experience? (please explain)

Is your child toilet trained?

Yes No

Please describe briefly assistance if needed and words used if any:

Does your child nap?

Yes No

At what time? _____

Does your child play well in-group situations?

Yes No

Are there any children in the neighborhood your child plays with and what is the age range?

Does your child follow simple one-step directions? (if age appropriate)

Yes No

What is the method of behavior correction used in your home?

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Milestones (continued)

(Circle One)

Do you have any concerns about the aspects of your child's development?

Yes No

If yes, please explain:

Does your child have any special fears?

Yes No

If yes, please explain:

Background

We would like to share family lifestyles and cultures. The best way to do this is to learn more about one another and the way that we live within our families. We would welcome anything that you feel you can share.

Please list food & family recipes or any specific foods your child likes to eat (you may attach separately or list on back):

Please list foods that your child is allergic to or cannot have due to cultural beliefs:

Music:

Art and/or craft techniques:

How we celebrate holidays:

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Background (continued)

Family hobbies & entertainment:

Family jobs & responsibilities:

Family videos or old movies:

Medical Information

(Circle One)

Does your child have any problems with vision, speech, or hearing?

Yes No

If yes, please explain:

Are there any foods or beverages your child should not have?

Yes No

Any allergic reactions? If yes, please explain:

Does your child have any health problems that we the staff should be aware of?

Yes No

Please list any illness that your child has had and how frequently they occur:

Allergies _____ Asthma _____

Frequent Colds _____ Stomach aches _____

Earaches _____ High fevers _____

Sore throats _____

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Medical Providers

Doctors Information

Doctor's Name _____ Phone (_____) _____

Address _____

Hospital preference _____ Date of last physical _____

Dentist Information

Dentist's Name _____ Phone (_____) _____

Address _____

Date of Last Exam _____

Insurance Information

Name of Insurance Company _____

Member Policy Number _____

Name of Policy Holder _____

Employer _____

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Medical Consent Form

I, _____ give my permission that _____ may be given emergency treatment by a qualified childcare provider at Alki Beach Academy, when I cannot be notified within the time required to give such emergency treatment.

I authorize and consent to medical, surgical, and hospital care in the event of an emergency to be performed by a licensed physician or Hospital aid care attendant when deemed necessary to safeguard my child's health.

I also give my consent in the event of an emergency for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify or declare under penalty of perjury under laws of the State of Washington that the foregoing is true and correct.

Parent or Guardian (print) _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Texting cell number preferred

Signature _____ Date _____

Parent or Guardian (print) _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Texting cell number preferred

Signature _____ Date _____

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Payment Procedures

All tuition payments are due by the 5th of the month in advance. On the 6th a \$10.00 per day late fee will be assessed and your childcare will be terminated until full payment is received, unless previous arrangements have been made. ***This includes co-payments through DSHS, late fees, and any other miscellaneous fees.***

All families are required to sign a Financial Agreement. There is an annual registration fee of \$100.00. We will notify you when the fee is due and add it to your tuition.

Overtime Rate

An overtime rate will be charged for children who stay past their allotted 10 hours per day. Charge is \$1.00 per minute after 10 hours. If your child is at the center past our 6:30pm closing time you will be charged at the rate of \$1.00 per child/per minute of care. ***Example: 1 child x 6 minutes = \$6.00, 2 children x 6 minutes = \$12.00.***

- **Late fees are due immediately.**
- Registration fee is \$200.00 per child (non-refundable) per year.
- Over-Time rate is \$1.00 per minute per child.
- Late Payment fee is \$10.00 **per day.**

All fees must be paid in advance. **Payment not received on time per this agreement may result in termination of childcare.**

Financial Agreement

Child's name _____ Parent/Guardian _____

Please read this agreement carefully and sign below, **indicating that you accept these terms of payment, tuition, registration fees and late fees.** A copy will be kept at all times in your child's file.

Washington State Licensing laws limit the number of children per teacher, and class assignments are made accordingly. Our fee schedule is set to cover the expense of operating at a full capacity; therefore it is not possible to hold your child's space without a fee.

My monthly financial responsibility is \$ _____ Source of payment _____

I agree to pay my child's Alki Beach Academy tuition and registration. I agree to promptly notify the Alki Beach Academy director verbally and in writing of any changes to the Financial Agreement stipulated in case of termination due to any reason (such as moving, illness, change in daycare providers, etc). I have read and understand both the Payment Procedures and my Financial Agreement and will comply with the policies and procedures at Alki Beach Academy.

Signature _____ Date _____

Signature _____ Date _____

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Subsidized Financial Agreement

Child's name _____ Parent/Guardian _____

Please read this agreement carefully and sign below, **indicating that you accept these terms of payment, tuition, registration fees and late fees.** A copy will be kept at all times in your child's file.

Washington State Licensing laws limit the number of children per teacher, and class assignments are made accordingly. Our fee schedule is set to cover the expense of operating at a full capacity; therefore it is not possible to hold your child's space without a fee.

At this time my child's care is subsidized by _____ (name of agency)

My monthly financial responsibility is \$ _____

I understand that I am fully responsible for my portion of the tuition in ADVANCE.

Payments not received on time per this agreement may result in the termination of my child's care. I understand that I may be responsible for tuition not paid by said subsidy and I agree to full and prompt communication in this regard.

I agree to pay my portion of the Tuition:

Weekly _____ Bi-Weekly _____ Monthly _____

I agree to pay my child's Alki Beach Academy tuition and registration. I agree to promptly notify the Alki Beach Academy director verbally and in writing of any changes to the Financial Agreement stipulated in case of termination due to any reason (such as moving, illness, change in daycare providers, etc). I have read and understand both the Payment Procedures and my Financial Agreement and will comply with the policies and procedures at Alki Beach Academy.

Signature _____ Date _____

Signature _____ Date _____

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Ongoing Consent Form

Parental Ongoing Consent Form for:

Child's Name _____

- Emergency Procedures**—I give my permission for the Alki Beach Academy director or person in charge to remove my child in the event of an emergency.
- Field Trip Permission**—I give the Alki Beach Academy director or designee permission to remove my child for short trips such as visits to the park and nearby outings. Permission slips will be sent home for special events.
- Health Services**—I give my permission for my child to receive health promoting screening services provided at the Alki Beach Academy childcare facility, such as vision, hearing, and dental.
- Photographs**—I give my permission for the Alki Beach Academy childcare facility to take photos of my child for the purpose of posting on bulletin boards, cubbies, etc., sole purpose of good intentions only.
- Grievances**—I will communicate my grievances honestly and directly to the Alki Beach Academy director.
- Driver's License**—I consent to having a photocopy of my state driver's license on file at the Alki Beach Academy.

I have read the registration form completely and agree to the preceding conditions.

Signature _____ Date _____

Signature _____ Date _____