



Green Lake School-Age Care Program

Registration Packet for New Students

Please include full addresses including zip codes for anyone you list in this paperwork and promptly update any changes to this information with GLSA administration. Thank you!

Child's Last Name	First Name	Middle Name	Nickname
Street Address	City	Zip Code	Primary Contact Phone Number
Gender	Age	Birth Date	Grade & Teacher

Name & address of school if not a Green Lake Elementary student

Parent or Guardian

Parent or Guardian

Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Address _____	Address _____
City & Zip Code _____	City & Zip Code _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell phone/Pager _____	Cell phone/ Pager _____
Place of Employment _____	Place of Employment _____
Hours of Employment _____	Hours of Employment _____
Email Address _____	Email Address _____

Emergency Contacts (other than parents or guardians)

Full Name	Full Address, city & Zip	Phone Number	Relationship to Child
Full Name	Full Address, city & Zip	Phone Number	Relationship to Child

www.greenlakechildcare.org
info@greenlakechildcare.org
6415 1st Avenue NE, Seattle, WA 98115
206.525.5909 fax 206.453-5948

DEL licensing requires us to have on file the name of your child's physician and dentist. Please fill this information out in full. It is also a DEL requirement that *if your child does not have a physician or dentist that you indicate that and attach a written plan of action you would like us to follow for a dental or medical injury or emergency. Please attach this to your registration paperwork.*

_____	_____	_____
Child's Physician	Date of Last Physical	Child's Dentist
_____	_____	_____
Full Address	Date of Last Dental Visit	Full Address
_____	_____	_____
Phone Number		Phone Number

Please describe any special circumstances we should be aware of (medication, allergies, developmental or health concerns) If none please mark N/A: _____

PLEASE NOTE: IF YOUR CHILD WILL NEED TO HAVE MEDICATION ON HAND WHILE ATTENDING GLSA YOU WILL NEED TO REQUEST ADDITIONAL PAPERWORK FROM GLSA STAFF TO BE FILLED OUT BY YOU AND YOUR CHILD'S PHYSICIAN. ANY CHILD THAT NEEDS EMERGENCY MEDICATION FOR LIFE THREATENING ALLERGIES MUST HAVE COMPLETED PAPERWORK AND THE NEEDED MEDICATION ON SITE BEFORE YOUR CHILD CAN START AT GLSA.

Please list any persons who are **restricted** from picking up your child (copies of legal documentation must be on file):

Full Name	Full Address	Phone	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I give my permission for the following individuals to pick my child up from GLSA:

I, _____, am aware that it is my responsibility to update this information as needed. _____Initials

1) _____
Full Name Address Phone Number Relationship to Child

Conditions of pick up (ie Tuesdays through the school year, anytime, emergencies, etc)

2) _____
Full Name Address Phone Number Relationship to Child

Conditions of pick up

3) _____
Full Name Address Phone Number Relationship to Child

Conditions of pick up

Out of State Emergency Contact (for use in the event of an earthquake):

Full Name Address Phone Number Relationship to Child

Street Address City State Zip Code

Permission to Participate & Consent for Emergency Treatment:

I hereby give permission for my child, _____, to participate in GLSA activities, including activities outside the Center building (field trips). My child is now in good health and may participate in all activities. This permission may be revoked in writing at any time. I further agree to inform GLSA of any changes in my child’s health that may affect his or her ability to participate in certain activities, including field trips. I understand that field trips will sometimes involve transportation by Metro bus or chartered school buses, and hereby give my permission for my child to attend field trips using these forms of transportation.

Signature of Parent or Guardian Date

I hereby give permission for my child, _____, to be given first aid and emergency treatment by a qualified staff member of GLSA. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

Signature of Parent or Guardian Date

I hereby agree and consent to the use of any photographs, video or artwork of _____ (child’s name) for recreational and in house purposes. The items may be used in media such as art work, bulletin boards, GLSA Photo albums, GLSA made movies and videos. I waive all claim to compensation for such use.

Signature of Parent or Guardian Date

GLSA School Year Tuition Agreement

Please check the days and times for which you would like to register your child (for School Year Only).

***Please do not consider yourself registered until you receive a confirmation email from GLSA**

Time Slot:	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings 6:30-8:00AM					
Afternoons 2:25/ W 1:10-6:00 PM					

I, _____, agree to be responsible for paying my child's tuition for the days listed above, as well as any other fees incurred on the account (i.e. extra hours, fieldtrip fees, late payments, late pickups, vacation care, etc.)

I am aware of the following:

- Payment is due in advance, on the 1st of the month, unless I make other arrangements with the Director. If the payment is received by GLSA after the 5th of the month, I may be subject to a \$25.00 late payment charge.

_____ (Initials)

If you will need to make an alternate arrangement, such as paying on a date other than the 1st of the month, please specify here:

Approval: Director's Initials _____

- I understand that I am not entitled to a refund or credit for days that my child is ill or not attending because of unplanned absences, vacations, or school closures, scheduled or unscheduled.

_____ (Initials)

- I understand that GLSA closes at 6:00pm. If I, or anyone that I have authorized to pick up my child, arrives after 6:00pm, I will be responsible for paying \$1.00 for every minute after 6:00pm that my child remains at GLSA, regardless of whether or not I receive subsidy from a government agency.

_____ (Initials)

Signature of Parent or Guardian

Social Security # of Parent or Guardian (Optional)

Parent/Guardian WA Drivers License Number

If your tuition will be paid fully or in part by any other agency (City of Seattle, DSHS, UW, etc), or individual, please specify:

GLSA Developmental, Social, and Health History

We want to provide your child with the best care possible, and be sensitive to any needs that she or he might have. Please help us get to know your child by thoroughly completing this section. Thank You.

Eating

Would you say that your child generally enjoys eating? _____

What are some of your child's favorite foods? _____

Is your child on a special diet? (Please note: State law requires a form signed by your child's health care provider if your child has diet modifications) _____

Does your child have food allergies? If not please mark N/A _____ If so, what? _____

If your child has severe, life-threatening food allergies, please notify us in writing and see the Director for additional medical plan forms

Are there any foods that you do not want us to offer your child? _____

Are there any foods special to your home or culture that you would like to share with our center so that we could make your child more comfortable here? _____

Do you have any concerns about your child's eating habits? _____

Physical Health

Please name any surgeries and past illnesses your child has had. _____

Any known medication, insect, or animal allergies? _____

Do you have any concerns about your child's hearing or vision? _____

Does your child use any assistive devices? (e.g. glasses, hearing aids, braces) _____

What is your child's primary language? _____

What are the languages spoken in your home? _____

Do you have any concerns about your child's language development? _____

Do you have any concerns about your child's ability to move? _____

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Social History

Does your child enjoy playing with other children? _____

Does your child enjoy playing alone? _____

What kinds of activities does your child enjoy? _____

What kinds of toys does your child like to play with? _____

How would you describe your child's temperament and personality? (ex. Quiet, shy, moody, cheerful, easy going, intense, fiery, assertive, thoughtful, impulsive, etc.) _____

What is the best way to comfort your child? _____

How do you guide/teach your child correct behavior? _____

Does your child fear certain things? _____

Upsetting events and losses, such as separation, divorce, or death in the family, can affect a child's behavior. It helps us to be aware of significant changes in your child's life so that we can understand and help her/him cope and adjust. Has anything happened that may affect your child's behavior? If yes, please explain:

Who lives at home with your child? _____

Do you have any questions or concerns about your child's social and emotional skills?

How can we help ease your child's adjustment to our program? _____

Signature of Parent or Guardian

Date

