



# Green Lake School-Age Care Program

## Registration Packet for Returning Students

Please provide full names and addresses including zip codes for anyone you list in this paperwork and promptly update any changes to the information provided in these forms 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 (To be notified in the event of an emergency if parents can not be reached)

Name      Full Address & Zip      Phone Number      Relationship to Child

Name      Full Address & Zip      Phone Number      Relationship to Child

[www.greenlakechildcare.org](http://www.greenlakechildcare.org)  
[info@greenlakechildcare.org](mailto:info@greenlakechildcare.org)  
6415 1st Avenue NE, Seattle, WA 98115  
Phone 206.525.5909 FAX 206.453.5948

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 requirement that if your child does not have a physician or dentist that you indicate that and attach a written plan for a dental or medical injury or emergency to your registration paperwork.

_____ Child's Physician	_____ Date of Last Physical	_____ Child's Dentist
_____ Full Address	_____ Date of last Dentist visit	_____ Full Address
_____ Phone Number		_____ Phone Number

Please describe any special circumstances we should be aware of (medication, allergies, developmental, social or health concerns) If none please indicate with 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, 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 that your child will need (for School Year Only).

Time Slot:	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings 6:30-8:00 AM					
Afternoons 2:05-6:00 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 pick-ups, vacation care, etc.)

I am aware of the following:

- Payment is due in advance, on the 1<sup>st</sup> of the month, unless I make other arrangements with the Director. If the payment is received by GLSA after the 5<sup>th</sup> 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 1<sup>st</sup> of the month, please specify here:

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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:

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## GLSA Developmental, Social, and Health Update

**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 remain up-to-date about your child by thoroughly completing this section. Thank You.**

What are some of your child's favorite foods? \_\_\_\_\_

Is your child on any 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 so, what? \_\_\_\_\_

**If your child has severe, life-threatening food allergies, please see the Director for the appropriate paperwork**

Any known medication, insect, or animal allergies? If not please indicate with N/A. \_\_\_\_\_

Do you have any concerns about your child in any of the following areas: eating habits, hearing, vision, language development, ability to move, social or emotional skills? If yes, please explain and feel free to use the back of this sheet: \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

Does your child fear certain things? \_\_\_\_\_

Who lives at home with your child? \_\_\_\_\_

What is the best way to comfort your child? \_\_\_\_\_

How do you guide/teach your child correct behavior? \_\_\_\_\_

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 and feel free to use the back of this sheet:

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We appreciate any information you can give us to assist us in helping your child be happy, healthy and comfortable while at GLSA. To that end if you have anything else you feel it would be helpful for the staff to know in working with your child please explain here. Thank you.

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Signature of Parent or Guardian

Date