



CHILD INFORMATION and IMPORTANT FORMS

Please Return & Keep a Copy for Records

Child's Full (First, Middle, Last/SurName)

Birth Date/ Age _____

*Must be 3yrs and 2.5yrs by July 1 to enroll for 3-6yrs Class and Toddler Class/Summer Session(s).

NAME OF CLASS/PROGRAM(s) ENROLLING IN:

Name child is usually called-comfortable with & preferred:

Child's Preferred Pronoun: He/She/They_____ M___ F___ Non-Binary___

Primary Language/s spoken at home: _____

Name of Parents or Guardians: *(please circle preferred phone number to be used for communication)*

Parent: _____

Home Phone: _____

Address _____ Zip: _____

Work Phone: _____

E-mailAddress: _____

Cell Phone: _____

Parent: _____

Home Phone: _____
Address _____ Zip: _____

Work Phone: _____
E-mailAddress: _____

Cell Phone: _____

Nanny: Name _____
Phone _____

GRANDPARENT PICKUP Name _____
Phone _____

Names and Ages of Siblings

EMERGENCY NUMBERS If parents cannot be reached:

Emergency Contact, please list two-three (Full Name, Phone, Email)

Name Address Phone

Physician:

Name Address Phone **Out of State Emergency Contact:** (in case of earthquake)

Name Address Phone

Does your child have allergies, epi-pen, inhaler, food restrictions, or special physical conditions? If so, list and supply with PCP, healthcare/dietician, etc. documents if applicable _____

Does your child have sensory, neurological, emotional, or special physical conditions and time in the therapy process? If so, please list and supply with PCP and therapists documents, applicable resources and contacts. Please add a page if needed. _____

Permission To Photograph/Video

I give permission for my child to be photographed/videotaped in scheduled school activities. Such photographs may be used by Klahanie School & Vashon Sisterhood for publicity or educational purposes.

	Permission Granted	Permission Declined
Use and share in the classroom newsletter		
Use for school promotion including web sites, social media- children will not be named or faces shown		
Use for educational purposes/data gathering-children's last names will not be used		

Child's Name _____

Parent or Guardian's Signature _____

Date _____

Consent to Medical Care & Treatment of Minor Child

I give permission that my child may be given emergency treatment by a qualified staff member at the Klahanie School. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission 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 the laws of the State of Washington that the foregoing is true and correct."

Child's Name _____

Parent Signature _____ Date _____

Authorization for Release Your Child to Another Adult

Who has permission to pick up your child (besides parents)?

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

He/she has been informed that picture identification may be required to pick up my child and that the child/adult must be addressed by the Klahanie School staff.

Date _____
Parent or Guardian

Field Trip Information Form

My child, _____, has permission to go on Klahanie School field trips within a 30 mile radius of the school site.

Parents will be notified of all field trips.

Parent or Guardian

Date

Each student's Certificate of Immunization Status (CIS) and Immunization Record or Exemption must be present at school before the child attends.

Exemptions will be reviewed and further conversations had before the child attends class for respect of larger group health needs.

OPTION A: If your child has been immunized, download and complete the official form here:

http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf

OPTION B: If your child has been immunized, contact his/her physician for a current record. **Write your CHILD's NAME in bold letters across the top.**

OPTION C: If you choose not to immunize for religious, personal, or medical reasons, download the form titled *Certificate of Exemption* and complete side A or side B following the instructions and including signatures.

https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106_CertificateofExemption.pdf

Bring the completed forms no later than your child's scheduled Meet & Greet.