Cedar Ridge Children's Center

3609 Columbia Heights Road, Longview WA 98632
Office (360) 425-0342 Fax (360) 425-1659

2012-2013 REGISTRATION

Present Date: _____ Re-enrollment? Y/N Starting Date: _____ Password: _____

CHILD'S FULL NAME: _____ Date of Birth: _____
Last First Middle

☐ Male ☐ Female ☐ Infants (4 wks – 12mth) ☐ Toddler 1 (13-21mth) ☐ Toddler 2 (22 – 29mth) ☐ Toddler 3 (30mth-Preschool) ☐ Preschool (3 by 9/01/11) ☐ Prekindergarten (4 by 9/01/11)

☐ School Age ~ Name of school: _____ Grade entering: _____

Days of Attendance (circle): Full Days – M T W R F Half Days - M T W R F Times: _____ to _____
Educational (9:00 to 11:30) – M T W R F

PARENT/GUARDIAN #1: (we must have current information on file – please notify us immediately of any changes to the following)

Mr/Mrs/Ms _____ Home Phone: (_____) _____
Address _____ Cell Phone: (_____) _____
City/ST/Zip _____
Employer _____ Work Phone: (_____) _____
Occupation _____ Relation to Child: _____
Email _____ Would you like your bills via email (Y/N)

PARENT / GUARDIAN #2:

Mr/Mrs/Ms _____ Home Phone: (_____) _____
Address _____ Cell Phone: (_____) _____
City/ST/Zip _____
Employer _____ Work Phone: (_____) _____
Occupation _____ Relation to Child: _____
Email _____

Other than the parents or guardians above, CHILD WILL ONLY BE RELEASED TO PERSONS INDICATED BELOW. You must include at least **TWO LOCAL** persons to call in case of illness, accident, late pick-up, or other reasons. Please list them in order of preference for us to contact. If you have a custody decree or other legal document restricting access to your child, we must have a complete copy on file in the Director's office in order to enforce that arrangement.

Name: _____ ☐ May pick up child
Address: _____ ☐ May pick up child in emergencies only
Home Phone: _____ Work Phone: _____ Relation to Child: _____

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Name: _____ ☐ May pick up child
Address: _____ ☐ May pick up child in emergencies only
Home Phone: _____ Work Phone: _____ Relation to Child: _____

Names and ages of other children in the family: _____

Has your child ever been in care before? Yes / No If "yes," where? _____

Church membership or preference: _____

Would you like to receive information regarding Columbia Heights Assembly of God? Yes / No

How did you hear about our center? _____

*** Denotes items which must be filled out**

*Special Physical Conditions we should be aware of:

Does your child need a daily medication Y/N if so what _____

Does your child have any food allergies Y/N if so what are they_____

Does your child have any physical, emotional or mental limitations:_____

Does your child have any other allergies or conditions Y/N _____

*MEDICAL INFORMATION *

Name of Child's Physician or Clinic: _____ Phone: (_____) _____

Physician or Clinic Address: _____ ***Date of last exam**: _____

Dentist: _____ Date of last exam: _____ Phone: (_____) _____

Eye Doctor: _____ Date of last exam: _____ Phone: (_____) _____

Consent to Medical Care & Treatment of Minor Child:

I, _____, the parent or legal guardian hereby give my permission that my child _____ may be given emergency treatment, to include first aid and CPR by a qualified staff member of Cedar Ridge Children's Center. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I agree that I will pay all physicians' and hospital bills and that Cedar Ridge Children's Center shall not be responsible for them.

_____ _____

Signature of Parent / Guardian Date

*MISSION STATEMENT *

As a ministry of Columbia Heights Assembly of God, we believe that God is involved in everything we do. We will integrate the Bible and traditional Christian values into the daily experiences of the children in our care. We will teach children to observe the connections between their world and their Creator. By our words and by our actions, we will help them begin to understand the relevance that Christianity has to daily life. We will nurture, encourage, and build the self-esteem of each child as they begin to develop the potential God has placed within each of them as His unique creation.

I understand the mission of Cedar Ridge Children's Center as stated above and further explained in the Parent Handbook.

_____ _____

Signature of Parent / Guardian Date

*PHOTOGRAPH RELEASE

I release Cedar Ridge Children's Center to photograph and/or video my child while participating in daily activities and to use the photographs and/or videos in public displays or other publications showing these daily activities.

_____ _____

Signature of Parent / Guardian Date