

# Northlake Academy

## Family Information

START DATE:

\_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Sponsor's Information:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

### Co-Sponsor's Information:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

### Health Information:

Child's Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_

Current food allergies/health concerns (If yes, please describe):

\_\_\_\_\_  
\_\_\_\_\_

Developmental concerns/current therapy (If yes, please describe):

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Languages spoken at home:

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**Persons (other than sponsors) who have permission to pick up your child  
and/or be contacted in case of an emergency:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Center photo release:**

I grant permission for my child's photograph to be included in center publications, including newsletters, classroom displays, and the Northlake Academy website. I understand that my child's photo will be used only for purposes directly related to the center and will not be released to any outside agencies without prior notification to and permission from families. \_\_\_\_\_ (initial)

**Walking Field Trip Permission:**

Throughout the year we take occasional walking trips to local parks or public places. All trips will be adequately staffed to provide the utmost safety for your child. Parents will be notified of each trip in advance, and given the time of departure from and return to the center.

I give permission for my child to participate in walking trips throughout the year. \_\_\_\_\_ (initial)

**Sunscreen Permission:**

In warm weather I agree to apply sunscreen on my child before coming to the center and I grant permission for the staff at Northlake Academy to apply sunscreen (Water Babies or comparable brand) on my child throughout the day before outside play. \_\_\_\_\_ (initial)

**Center Policies and Procedures:**

Per State of Washington child care licensing and public health requirement, the following information is available for parents to review at any time:

**Current Licensing Compliance Agreement:** compliance agreement between the center and the Washington State Department of Early Learning

**Center Health Care Policy and Medication Management Plan:** center policy and procedures relating to staff and child health practices, communicable disease exposure and reporting, medication and First Aid management and other health-related topics

**Disaster Preparedness Policy:** center policy for major natural disaster preparedness

**Pesticide Policy:** center policy regarding pesticides

**Pet Policy:** center policy for the care of classroom pets

I have read the Health Care and Disaster Preparedness policies. \_\_\_\_\_ (initial)

**Northlake Academy Family Directory**

\_\_\_\_\_ **Yes!** We would like to be included in the center family directory. We understand that the family directory will be shared with currently enrolled families at the center, and we have included the information we would like to share below:

Child's Name: \_\_\_\_\_ Age/Class: \_\_\_\_\_

Family contact (name or names): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_

\_\_\_\_\_ **No thanks, we prefer not to be included in the directory at this time.**