



## Registration Packet for Returning Students

Please promptly update any changes to this information with GLSA administration

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

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

### Parent or Guardian

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Cell phone/Pager \_\_\_\_\_

Place of Employment \_\_\_\_\_

Hours of Employment \_\_\_\_\_

### Parent or Guardian

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Cell phone/ pager \_\_\_\_\_

Place of Employment \_\_\_\_\_

Hours of Employment \_\_\_\_\_

### Emergency Contacts (other than parents or guardians)

Name	Address	Phone Number	Relationship to Child
Name	Address	Phone Number	Relationship to Child

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





### **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.

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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.

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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 advertising, publicity, or recreational purposes. The items may be used in media such as TV, newspaper, bulletin boards, GLSA made movies, GLSA's website, newsletters, etc. I waive all claim to compensation for such use.

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Signature of Parent or Guardian

Date



## GLSA School Year Tuition Agreement

*Please check the days and times that your child will need care in Fall.*

TIME SLOT:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings 6:30-9:05 AM					
Afternoons 3:00-6:00 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:

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

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 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 notify the Director in writing.**

Any known medication, insect, or animal allergies? \_\_\_\_\_

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 behavior? If yes please explain:

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

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: \_\_\_\_\_

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



If you have anything else you feel it would be helpful for the staff to know in working with your child please explain here.

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Signature of Parent or Guardian

Date