

Date entered	Day and hour of care
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Joyful Journeys Child Care

4071 150th Ave. SE
 Bellevue, WA 98006
 425-577-4184

JJ Child Care Registration Form

Child's Name	First	Middle	Last	Gender	Birth date(mm/dd/yyyy)
				M F	

- Race: American Indian or Alaskan Native/Asian/African American/Native Hawaiian or other Pacific Islander/White/Other:
 - Ethnicity: Hispanic or Latino / Not Hispanic or Latino
 - [Y,N] Special need(hearing, vision, sensory, behavior, physical, other:)
 - [Y,N] Special Diet
- We will discuss later for the last two questions when parents check 'Y'

Address	Street	City	Zip Code
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E-mail(s) that we can reach for weekly family communication and child report/Facebook email for pictures and video posting

Child's Parent 1/Guardian's name	Cell phone	Home phone(area code)/if no, write NA
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Street Address (please write **same** if the address is same as above)

Work Information: Name of the company/ Job title/Address/Phone number (We will contact in case of emergency when we cannot reach you)

Child's Parent 2/Guardian's name	Cell phone	Home phone(area code)/if same, write SAME
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Street Address (please write **same** if the address is same as above)

Work Information: Name of the company/Job title/Address/Phone number (We will contact in case of emergency when we cannot reach you)

OTHR PEOPLE TO NOTIFY IN CASE OF EMERGENCY(1):required

Name	Address	Telephone Number
Relationship:		

OTHR PEOPLE TO NOTIFY IN CASE OF EMERGENCY(2):required

Name	Address	Telephone Number
Relationship:		

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

Name	Reason
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Previous school experience Information:

Has this student previously attended any other school or program? Yes No
 Is this student currently enrolled any other school, program or any special service? Yes No
 If yes, program attending/or attended at _____ from _____ to _____
 Previous schools attended (list most recent first)

****If not applicable, please write NA. Please do not make blank. Thank you!****