



**EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ PHONE (\_\_\_\_)\_\_\_\_\_  
(first) (last)

CHILD'S DOCTOR \_\_\_\_\_ DOCTOR'S PHONE (\_\_\_\_)\_\_\_\_ CITY \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_ PHONE (\_\_\_\_)\_\_\_\_ CITY \_\_\_\_\_

PARENT 1 ALTERNATE PHONE: LOCATION \_\_\_\_\_ NUMBER (\_\_\_\_)\_\_\_\_

PARENT 2 ALTERNATE PHONE: LOCATION \_\_\_\_\_ NUMBER (\_\_\_\_)\_\_\_\_

**IF YOUR CHILD IS ILL AND NEEDS TO LEAVE SCHOOL, WHEN UNABLE TO REACH A PARENT, PLEASE CALL:**

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ Relation \_\_\_\_\_

*Please be certain that these people know they are listed with us and that they have directions to the preschool.*

**MEDICAL:**

When was this child's most recent medical exam? \_\_\_\_\_

What was the result? \_\_\_\_\_

Allergies and/or other medical conditions which the school should be aware of for child **or** participating parent: \_\_\_\_\_

Does the child **or** parent have any life-threatening allergies or other medical conditions? If so, please explain \_\_\_\_\_

Does the attending parent have a current first aid card? YES \_\_\_\_ NO \_\_\_\_ If yes, expiration date: \_\_\_\_\_

Does the attending parent have a current child CPR card? YES \_\_\_\_ NO \_\_\_\_ If yes, expiration date: \_\_\_\_\_

**Woodinville Family Preschool has my permission to seek appropriate medical care for my child in an emergency situation when unable to reach a parent.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXCURSION PERMISSION FORM FOR 1-DAY, 3-DAY AND PRE-K CLASSES:**

My child, \_\_\_\_\_, has my permission to participate in class field trips which are  
(first) (last)  
scheduled as part of the preschool curriculum and which begin and end at Woodinville Family Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Education Application

**Annual Registration Form for Academic Year 20\_\_ to 20\_\_**

**Please type or print with a ballpoint pen.**

Student I.D. Number	Social Security Number	<b>IMPORTANT:</b> Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.
Adult Student Last name	First name	Initial
Address: number and street		Apt. number
City, state and zip		
E-mail Address:		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: Mo. _____ Day _____ Yr. _____	
List previous last names	Day phone number ( ) ( )	Evening phone number ( ) ( )
U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not U.S. citizen, what is your Visa status?</b> <input type="checkbox"/> Visitor <input type="checkbox"/> Temporary resident (Alien number _____ ) <input type="checkbox"/> International student (with F or M Visa) <input type="checkbox"/> Refugee/parolee or conditional entrant (Alien number _____ ) <input type="checkbox"/> Immigrant/permanent resident (Alien number _____ ) <input type="checkbox"/> Other (explain) _____	
Have you lived <u>continuously</u> in the state of Washington for the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attended Shoreline Community College previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Last date attended:		
Have you previously participated in the SCC Parent Education Co-Op Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Last date you participated:		

**ETHNIC ORIGIN (providing this information is optional):**

**Are you of Spanish/Hispanic/Latino origin?**

No

Yes, Mexican, Mexican-American, Chicano (722)

Yes, Puerto Rican (727)

Yes, Cuban (709)

Yes, Other Spanish/Hispanic/Latino (please specify): \_\_\_\_\_

**Please mark one or more boxes to indicate what race you consider yourself to be:**

White (800)  African American (872)  American Indian (597)

Alaska Native (015)  Native Hawaiian (653)  Other Pacific Islander (681)

Vietnamese (619)  Filipino (608)  Chinese (605)  Korean (612)

Japanese (611)  Other Asian (621)

Other Race (please specify): \_\_\_\_\_

I certify that to the best of my knowledge all statements on this form are true.

**X**

Applicant's signature \_\_\_\_\_ Today's date \_\_\_\_\_

INSTRUCTOR'S USE ONLY			
LINE #	COURSE	DAY & TIME	INSTRUCTOR

OFFICE USE ONLY		
DATE RECEIVED:	DATE REGISTERED:	BY:

**CHILD CARE CONNECTIONS QUESTIONNAIRE**  
**Woodinville Family Preschool ~ 2012-2013 School Year**

We are all interested in having the best care for our children with the least amount of stress to organize it. With this in mind, parents enrolled with WFP are invited to take advantage of the child care connections that can be developed from this questionnaire. The information you share here will be included in a members-only page on the WFP website where enrolled parents can go to find child care solutions that will specifically enable you to attend class and/or help others attend class by providing child care.

Please understand that this is simply an informal way for enrolled parents to make their needs known and to find solutions for their child care issues. Participation by WFP members is optional and is not an official part of the program at Woodinville Family Preschool.

Please return the completed 2-page questionnaire with your registration application. Within 7-10 days, your information will be entered on the WFP website ([www.woodinvillefamilypreschool.org](http://www.woodinvillefamilypreschool.org)) under the Members section.

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**Parent Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**1. Are you able to provide child care for others?**

- Yes  No *[If no, skip to Q. 6]*

**2. IF YES, which WFP classes can you provide child care for? Additionally, what is the maximum number of children you can provide care for: [Check all that apply.]**

- |  |                           |                        |
|--|---------------------------|------------------------|
| <input type="checkbox"/> Infant class, 0-6 mos.  | (Thurs. 1:30-3:10 pm)     | No. of children: _____ |
| <input type="checkbox"/> Infant class, 6-12 mos. | (Fri. 11:30am-1:10 pm)    | No. of children: _____ |
| <input type="checkbox"/> Toddler AM              | (Fri. 9:15-11:00 am)      | No. of children: _____ |
| <input type="checkbox"/> Toddler PM              | (Thurs. 6:15-8:00 pm)     | No. of children: _____ |
| <input type="checkbox"/> One Day A               | (Thurs. 9:15-11:00 am)    | No. of children: _____ |
| <input type="checkbox"/> One Day B               | (Thurs. 11:15 am-1:00 pm) | No. of children: _____ |
| <input type="checkbox"/> 3-Day Class             | (MTW 9:15-11:40 am)       | No. of children: _____ |
| <input type="checkbox"/> Pre-K Class             | (MTW 12:15-2:45 pm)       | No. of children: _____ |

**3. IF YES, what child care options can you provide: [Check all that apply.]**

- I can pick-up child(ren) at WFP's parking lot.  
 Children need to be dropped off and picked up at my house immediately before and after class.  
 I can provide child care at someone else's home.  
 Other: \_\_\_\_\_

**4. IF YES, what is your preference for compensation: [Check all that apply.]**

- I'd be willing to provide child care in exchange for child care from another WFP parent.  
 I'd be willing to provide child care for a fee negotiated between the parent needing child care and me.  
 Other: \_\_\_\_\_

**5. Can you provide child care outside of preschool hours?**

- Yes  No

**6. Do you anticipate needing child care so you can attend a WFP class?**

- Yes   
  No, but I have child care needs outside of the hours of my preschool classes. *[Please skip to Q. 8]*   
  No, my child care needs during my class(es) are covered. *[This completes the questionnaire. Thank you for your time. The information you shared here will be included in a members-only page on the WFP website ([www.woodinvillefamilypreschool.org](http://www.woodinvillefamilypreschool.org)) shortly.]*

**7. During which WFP class(es) are you enrolled with one child and need care for your other child(ren)? Additionally, please tell us the names, ages and gender of siblings needing care while you are in class: [Check all that apply.]**

Class Enrolled In	Class Day & Time	Name of Sibling Needing Care	Age	Gender
<input type="checkbox"/> Infant class, 0-6 mos.	(Thurs. 1:30-3:10 pm)			M/F
<input type="checkbox"/> Infant class, 6-12 mos.	(Fri. 11:30 am-1:10 pm)			M/F
<input type="checkbox"/> Toddler AM	(Fri. 9:15-11:00 am)			M/F
<input type="checkbox"/> Toddler PM	(Thurs. 6:15-8pm)			M/F
<input type="checkbox"/> One Day A	(Thurs. 9:15-11:00 am)			M/F
<input type="checkbox"/> One Day B	(Thurs. 11:15 am-1:00 pm)			M/F
<input type="checkbox"/> 3-Day Class	(MTW 9:15-11:40 am)			M/F
<input type="checkbox"/> Pre-K Class	(MTW 12:15-2:45 pm)			M/F

**8. How would you prefer to compensate the WFP parent who is providing child care? [Check all that apply.]**

- I am willing to pay a fee to be negotiated between the child care provider and me.  
 I would like to exchange child care with another WFP parent.  
 Other: \_\_\_\_\_

**9. Please explain any special needs any of your children may have: [For example, allergies/aversions to food, behavioral issues, being potty-trained, learning to feed self, etc.]**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Please share your child care preference. [Check all that apply.]**

- I can hand-off my child(ren) at WFP's parking lot.  
 I can drop-off and pick-up my child(ren) immediately before and after class at the child care provider's home.  
 I'd really prefer child care help to come to my home.  
 Other: \_\_\_\_\_

**11. If you have child care needs outside of the hours of your preschool class(es), please list the days of the week and times below.**

Day of the Week	Time	Name of Child Needing Care	Age	Gender
				M/F
				M/F
				M/F
				M/F
				M/F

*Thank you for your time. The information you shared here will be included in a members-only page on the WFP website ([www.woodinvillefamilypreschool.org](http://www.woodinvillefamilypreschool.org)) shortly. Please visit the site to find and connect with WFP members who need child care at the times you can provide OR are able to provide child care options that meet your needs.*