

# Lake Washington School District

## Emergency Child Care Enrollment Application



CHILD CARE  
2020

LWSD Employee: YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Work Location \_\_\_\_\_

Program Schedule  
Monday - Friday  
7:30am - 5:00pm

### Child Information

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School name \_\_\_\_\_

Location Preference:

- KIRK  
 KELLER

### Parent Information

Parent 1 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

### Emergency Information - Contacts (if parents cannot be reached)

1. Name \_\_\_\_\_ cell phone \_\_\_\_\_ home phone \_\_\_\_\_

2. Name \_\_\_\_\_ cell phone \_\_\_\_\_ home phone \_\_\_\_\_

LIST ANY HEALTH PROBLEMS, SPECIAL NEEDS INCLUDING ALLERGIES, MEDICINES \_\_\_\_\_

Are there any medications administered during school?  Yes  No If yes please list: \_\_\_\_\_

### Arrangements

Is there a formal parenting plan in place?  Yes  No If mark yes please attach.

Fee Computation (calculated by the school district) \_\_\_\_\_ Total Monthly Fee \$ \_\_\_\_\_

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

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_