



# DAYVILLE SCHOOL DISTRICT 16J

285 School House Rd. ~ P.O. Box C  
Dayville, Oregon 97825  
(855) 617-2412 fax (866) 847-2155  
<https://www.dayvilleschools.com>

## Daycare Registration/Enrollment Form Dayville School District 16J Daycare

Application date \_\_\_\_\_ Service start date \_\_\_\_\_  
Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Home address \_\_\_\_\_ City/Zip \_\_\_\_\_

***Note: Immunization records must be submitted with registration.***

Parent Name 1 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Work \_\_\_\_\_  
Email address \_\_\_\_\_  
Home address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent Name 2 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Work \_\_\_\_\_  
Email address \_\_\_\_\_  
Home address \_\_\_\_\_ City/Zip \_\_\_\_\_

1. Daycare charges are billed monthly. Invoices are due upon receipt, and payments can be made by cash or check made payable to Dayville School District 16J.
2. We are normally open on student contact days of the School Calendar - Monday through Thursday (7:30 am to 4:00 pm).
3. Please mark days of the week you will need childcare:  
\_\_\_ Monday \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.  
\_\_\_ Tuesday \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.  
\_\_\_ Wednesday \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.  
\_\_\_ Thursday \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.  
\_\_\_ Friday (if Friday is a school day) \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.

Persons other than parents authorized to pick up your child from Dayville School District 16J Daycare. (Written permission is necessary if you want someone other than the persons listed below to pick up your child).

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_

DAYVILLE SCHOOL DISTRICT 16J

P.O. Box C Dayville, OR. 97825

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEALTH INFORMATION

Does your child have any health problems of which we should be aware, such as:

BEE STINGS	FOOD ALLERGY	SKIN DISORDER	DIABETES
ASTHMA	EYE PROBLEMS	ORTHOPEDIC PROBLEM	HEART CONDITION
HAY FEVER	EAR PROBLEM	CONVULSIONS (EPILEPSY)	URINARY ISSUES
OTHER _____			

HAS YOUR CHILD BEEN PRESCRIBED AN INHALER OR EPI-PEN? ☐ YES ☐ NO \_\_\_\_\_  
(Will they 'carry it with them' -or- 'check in it at the office')

DOES YOUR CHILD TAKE MEDICATION REGULARLY ☐ YES ☐ NO \_\_\_\_\_

Health History Any activities that child cannot participate in or needs one-on-one assistance? ☐ Yes ☐ No

If yes, please explain:

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Any additional information about the child's behavior and physical or emotional health the staff should be aware of?

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Special Information - AFO's, walkers, wheelchairs, assistance with toileting, behavior issues, Diets, habits, etc.

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

## WHAT TO BRING – BACKPACK LIST

- Spare Clothes
- Diapers/Underwear
- Wipes
- Sunscreen
- Bug Spray
- Snacks
- Milk/Formula
- Bottle/Sippy Cup/Water bottle
- Blanket for Quiet Time
- Comfort Item (binkie)
- Family Pictures (to hang on wall)