

**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**SIGNATURES**

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):  
\_\_\_\_\_

*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

## Health Matters

Please do not bring your child if he/she is sick; we can only care for children with mild cold like symptoms (clear runny nose, slight cough, and no fever). Per. Health Department regulations children will not be allowed to attend the daycare if they exhibit symptoms such as:

\*Rash \*Fever (100 F. higher) \*Excessive cold and/or cough \*Vomiting \*Diarrhea  
\*Lice or nits \*Discharge from eyes or ears \*Unusual drowsiness \*Persistent or excessive crying \*Communicable diseases (chicken pox, roseola, conjunctivitis, mumps, measles, influenza)

If they become ill during daycare hours - parents will be contacted immediately to remove their child within 1 hour of being notified. If parents are not available, the emergency contact person will then be notified. Once the child is removed from daycare due to illness, they may not return for a full 24-hour period, or be accompanied by a doctor's note. Note: This sickness policy applies to our family or myself as well. If I am unavailable due to illness, you will be notified by 6:00 am. Payment for the days that I am not available is not required.

### Medication:

Will administer over the counter medications.

### Medical emergencies:

In case of a serious accident or sudden illness requiring medical attention, the following procedures are followed:

- 1) A phone call is made to 911.
- 2) Child's parents or emergency contacts are called.
- 3) Child and health records are taken to emergency service.
- 4) In all cases, an emergency report is completed and a copy given to parents as well as the Department of Public Welfare.

\* It is extremely important, especially in instances of illness or emergency that the emergency contact information is up to date and all information is correct. Please report any changes immediately to keep your emergency contact information current.

\* For minor injuries like bumps and bruises, I will provide home first aid. If the injury is more serious, (i.e. needs stitches, broken arm, or dislocation, etc.) the

parent will be notified immediately. Parents will be responsible for all costs involved in emergency medical treatment, including emergency transportation if required.

A final note:

I am always open to suggestions and feel communication is a very important part of this business. If there are any problems or concerns, we encourage you to speak openly about them. If a lengthy conference is needed, a time that is convenient to both of us will be scheduled, as the other children still need our attention during business hours. Thank you for the opportunity to work with you and your child, and we look forward to the future.

All day daycare  
Kathleen Fenner  
Director/Owner

## PROVISIONS OF THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

*Before the child's first day of attendance, parents must be informed of the provisions in the home's Emergency Preparedness and Response Plan (Standards for Licensed Family Day Home 22 VAC 40-111-70 A 16).*

To the Parent (s) of \_\_\_\_\_ *(child's name)*:

This letter is to assure you of our concern for the safety and welfare of children attending  
\_\_\_\_\_*(insert name of facility)*.

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation* Children are evacuated to a safe area near the home in the event of a fire, etc.
- *In-place sheltering* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the home is the best immediate response.
- *Relocation* Total evacuation of the home may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at \_\_\_\_\_

\_\_\_\_\_  
*(insert name/physical address of relocation site)*

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and your child to be safely reunited.

In your child's record at this home are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

We specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please let us know.

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

\_\_\_\_\_  
Date



## Supply List

Below is a list of items that your child will need to bring to daycare. Please make sure that all items are labeled with your child's name.

### Preschool Students (Ages 2-5)

- 1 x Crib / Cot sheet
- 1 x Blanket for rest time
- 2 complete changes of clothes, including socks and under garments (if applicable). All clothing should be placed in a zip lock bag with your child's name on it. Please remember to replace clothing after an accident and as the seasons change.
- Diapers / pull ups (enough for at least a week)
- Diaper cream, lotion, sunscreen, insect repellent as applicable
- Lunch (daily)



# Enrollment Agreement

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Previous Child Care Programs and Schools Attended:

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Local emergency contacts that are authorized to pick up child if parent/guardian cannot be reached.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

The information given on this document above and on the online enrollment form is true and complete to the best of my knowledge.

Parent(s) or Guardian(s) Signature

Date

Administrator of Center

Date

Date Entered Center: \_\_\_\_\_

Date Left Center: \_\_\_\_\_

## OFFICE USE ONLY/IDENTITY VERIFICATION

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## Enrollment Agreement

I have received and reviewed the Parent Handbook. In addition, I agree to the following:

### **Hours of operation**

Hours of operation are Monday – Friday, 7:15 am to 5:30pm.

Each parent will have their own set hours. In order to provide quality service to you, the child(ren) must be dropped off and picked up according to the hours you specified on your agreement, unless prior arrangements have been made. If your child's Scheduled time is from 7:15 a.m. until 4:00 p.m. please observe these times. Even though daycare is technically open until 5:30 p.m. for other parents if your agreed upon pick up time is 4:00 p.m. please pick up your child on time. I plan my activities and appointments according to each child's agreed upon drop off and pick up hours. Please be courteous to the desires of management and to staff members.

### **Tuition**

All fees/balances must be paid at time of notice. Immediate termination may occur if the account is not paid according to these terms. In cases of non-payment, actions that may be taken against parent(s) include but are not limited to legal action. Parents(s) will be responsible for all legal fees incurred and in the event that these actions are taken.

### **Withdrawal Policy**

Parents may withdraw their child without financial obligation only upon two weeks advance written notice to the Preschool Director. Without a written notice to the Director, the parents will be held liable for the tuition for the next two weeks. If no notice is given, we will make attempts to contact the family. After two weeks of no contact, a letter of dismissal will be sent and the family will be responsible for a full month's tuition.

### **Termination of Enrollment**

All Day Daycare & Learning Center, LLC reserves the right to dismiss any child for reasons which include, but are not limited to: Failure to pay tuition or fulfill requirements for enrollment, Disruption of the program by a student or parent, refusal or inability to follow policies, any child whose needs cannot be met in our program, behavior that presents a risk to the health, safety, or wellbeing of other children or staff members

### **Medical Transport**

The parent(s)guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)guardian(s) cannot be located immediately.

In the case of a medical emergency and your child(ren) must be transported to the hospital, it is understood that All Day Daycare & Learning Center, LLC will not transport my child(ren) to the hospital. Ambulatory Services (EMT) must be called and the parent/gaurdian shall assume full financial responsibility for the cost of those services.



**Sick Child**

The child day center agrees to notify the parent(s)guardian(s) whenever the child becomes ill and the parent(s)guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

The parent(s)guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

**Allergies**

Children with allergies are required to have an allergy care plan from their physician on file with the center. If your child develops an allergy during their enrollment at ADCLP, the type of allergy must be determined and an allergy care plan from the child's physician must be on file with the center.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Printed Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date