

Shirlington Children's Center

4155 South Four Mile Run Dr Arlington, VA 22204

(703)-892-1116

www.viriniachild.com

REGISTRATION FORM

Child		Nickname	Date of Birth	Sex
Address			Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			Cell Phone	
Previous Child Day Care Programs and Schools Attended				
If Child Attends this Center and Another School/Program, Give Name of School/Program				Grade
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.	1.	
2.	2.	2.	2.	
Person(s) Authorized To Pick Up Child				
Person(s) NOT Authorized To Pick Up Child*				

* Appropriate paperwork such as custody papers shall be attached if parent is not allowed to pick up the child.

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 Day Care Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. Other _____

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.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

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

Proof of the child 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.

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PRE-ADMISSION FORM

Date: _____

Child's Name _____
(Last) (First) (Middle)

Sex: M ___ F ___

Child's Preferred Name _____ (First, Middle or Nickname)

Complete Address _____

Phone Number _____ Cell Phone _____ Birth Date _____ Age _____
m/d/y

Admission Date _____ Termination Date _____

Grade Level _____ School _____

Father's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone# _____

Mother's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone# _____

Is Father Living? _____ Is Mother Living? _____ Separated? _____ Divorced? _____

PLEASE BRING BIRTH CERIFICATE OR OTHER FORM OF IDENTITY PROOF

Please list persons authorized to pick up your child:

Is there anyone whom you do not wish to pick up your child? _____

If so, please give name and relationship to child.

Name: _____ Relationship to child: _____

Other members of the family (brothers, Sisters, grandparents, etc.) living at home:

Name Age Relationship Indicate Name Used by Child

Other members of the family (grandparents, aunts, uncles; etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child had any previous school experience? _____

If so, please give name and type of school:

_____ Length of attendance _____

Does your child take a nap? _____ Morning _____ Afternoon _____

How many hours your child sleeps at night? (approximately) _____

Is your child toilet trained? _____ Does your child use any special wording for toileting? _____

If so please state _____

Describe your child's appetite: always hungry _____ eats at mealtime _____ snacks _____

Snack all day _____ never hungry _____ has to be coaxed to eat _____

Are there any foods your child may not or can not eat? (due to allergies, religious customs, etc.) _____

Are there any foods your child dislikes? _____ If so, please list _____

Special interests: singing _____ painting _____ stories _____ trucks _____ pets _____

records _____ outside play _____ crayoning _____ Other _____

Is your child generally cooperative? _____ shy? _____ competitive? _____

aggressive? _____ sensitive? _____ submissive? _____ angry? _____ happy? _____

usually does what is asked of him/her? _____ seldom does what is asked of him/her? _____

whines? _____ List other behaviors characteristic of your child. _____

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Child's Emergency Medical Authorization

Name of Child _____ Birth date _____

Name of Parent(s) or Guardian _____

Home Address _____ Telephone _____

Place of Mother Employment _____ Telephone _____

Address _____

Place of Father Employment _____ Telephone _____

Address _____

The Parent(s) Guardian authorizes _____

(Name of Day Care Center Operator)

to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and / or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for the payment of medical care expenses: _____

2. Medical treatment cost are covered by:

a. Blue Cross/ Blue Shield Policy No: _____

b. Medical Coverage No: _____

c. Other Medical insurance Company:

Name of Insurance Company: _____

d. No Insurance _____

Child's physician or clinic attended: _____

Attached is a copy of the agreement with:

1. Child parent(s) or Guardian and the day care center operator. Yes ____ No ____

Signature (Parent(s)/Guardian)

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Health History PROVIDED BY PARENTS

Name: _____

Birth Date: ___/___/___ Sex: _____

Child's Social security Number: _____

Medical history

Diseases:

	Age		Age
Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformations _____

Allergies (drug, food, etc.) _____

Drug Sensitivities _____

Seizures _____

Comments _____

Parent's signature _____ Date _____

Address _____ Phone# _____

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Allergies History Form (to be completed by the physician, if there are allergies)

Name of Child: _____ Date: _____

Allergies (please specify)

Foods:

Reactions:

Drugs:

Reactions:

Environment:

Reactions:

Treatment

Prevention:

Medication Daily:

Special circumstances (specify):

What to do if severe reaction occurs:

Adrenalin Kit required: yes no

Physician signature: _____ Telephone: _____

Review date: _____

(The director and the child's parent(s)/guardians are advised to review this information every six months).

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Activities Permission and Parent Agreement

Parents: Please sign and return to the office.

Child's Name: _____

PLAYGROUND, WALKS AND OUTDOOR ACTIVITIES CONSENT

I, the undersigned, grant permission for my child to participate in playground, walks and outdoor activities which may be scheduled in connection with the Shirlington Children's Center, knowing that every safety precaution will be observed, but that the Center cannot assume liability incurred in the conduct of this activity.

I grant my permission for my child to participate in the activities and in the use of the equipment at the center and playgrounds

PARENT/GUARDIAN _____ Date _____

PARENT AGREEMENT

I have read and understand the Parent Handbook, including all the policies, procedures and philosophy.

I understand tuition payment policy.

I agree to follow all policies while my child is enrolled at the Center.

As stated in Virginia licensing provisions, I agree to pick up my child from the Center within the hour of notification for the following:

1. A temperature over 100 degrees
2. Suspicion of communicable disease
3. Frequent diarrhea/ vomiting or other health problems
4. Behavior problems

PARENT/GUARDIAN _____ Date _____

PHOTO WAIVER

I give permission for my child's photo to be used in any promotional piece, such as a brochure, web site or newspaper advertisement, only for the purpose of promoting the Center's programs.*

PARENT/GUARDIAN _____ Date _____

*NOTE: Throughout our school day, we often take photos of the children enjoying special activities or projects. Most of these photos are used for bulletin board displays or special "send home" items. Occasionally, we might use a particularly good photo in one of our promotional venues (such as a brochure or web site).