



CHILD REGISTRATION FORM

Child name:	Nickname:	Date of Birth:	Sex:
Street:		Home Phone:	
State:	Zip Code:	Language speak at home: <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Chronic Physical Problems/Pertinent Development 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 name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
City/State:	Zip Code:	Cell Phone:
Mother name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
Ok to send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary e-mail Address:	Secondary e-mail Address:
City/State:	Zip Code:	Cell 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.		
2.		
Person (s) Authorized To Pick Up Child		
Person (s) <u>NOT</u> Authorized To Pick Up Child*		



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- 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 care 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 care to obtain immediate medical care if any emergency occurs when the parent (s)/ guardian (s) cannot be located immediately. **
3. The parent (s)/guardian (s) agree to inform the center within 24 hours or 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

Parent (s) or Guardian (s)	Date
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Administrator of Center	Date
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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.**

OFFICIAL USE ONLY IDENTITY VERIFICATION

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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'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), 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 certificated copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends 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 states that the proof of identity, if produced 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.