



Location:  Chantilly  Crystal City  Fair Oaks/Fairfax  White Oaks

### CHILD REGISTRATION

Child Last Name:	Child First Name:	Nickname:	Date of Birth:	Sex:
Address:		Home Phone:		
Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed:				
Previous Child Day Care Programs and/or Schools Attended				

### 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.		
<b>Person (s) Authorized To Pick Up Child</b>		
<b>Person (s) <u>NOT</u> Authorized To Pick Up Child*</b>		

\*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.



**REGISTRATION AGREEMENT**

1. Sparkles! agrees to notify the parent(s)/guardian(s) whenever the child becomes ill. 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 center 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) agrees to inform the center within 24 hours or next business day, after the 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.
4. The registration fee and the deposit equaling one semi-monthly tuition amount, per the attached price list, are due at the time of registration. Unless both of these amounts are received, space will not be reserved for your child(ren).

**SIGNATURES**

\_\_\_\_\_ **Parent(s) or Guardian(s)** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Administrator of Center** \_\_\_\_\_ **Date**

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

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

**OFFICIAL USE ONLY  
IDENTITY VERIFICATION**

**Proof of identity of the child is required and NO copy will be 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), 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.