



## 2019-2020 Extended Day Registration Form

STUDENT INFORMATION			
child's full name	nickname	date of birth	gender
home address		home phone	
PARENT(S)/GUARDIAN(S) INFORMATION			
Father's name	place of employment	business phone number	
Cell phone:			
home address		home phone	
Mother's name	place of employment	business phone number	
Cell phone:			
home address		home phone	
person having legal custody of 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 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.

EMERGENCY INFORMATION		
Allergies? Yes/No (circle one)		
<b>If yes, Allergy action plan must be attached (please see website for form)</b>		
Medications to be taken during Extended day hours:		
child's physician		phone
two people to contact if parent(s) cannot be reached		
contact #1 name	address	phone
contact #2 name	address	phone
person(s) authorized to pick up child		
person(s) NOT authorized to pick up 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 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**

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

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

\*\* 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.

**THIS FORM MUST BE ACCOMPANIED BY THE REQUIRED  
\$30.00 REGISTRATION FEE**