



Extended Day Registration Form

STUDENT INFORMATION			
child's full name	nickname	date of birth	gender
home address		home phone	
any allergies or medical conditions		medications to be administered during program hours	
PARENT(S)/GUARDIAN(S) INFORMATION			
Father's name	place of employment	business phone number	
home address		home phone	
Mother's name	place of employment	business phone number	
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 or intolerance to food, medication, etc. and action to be taken in an emergency		
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.

**REQUIRED \$30.00 REGISTRATION FEE
WILL BE BILLED TO FACTS ACCOUNT**

