



Registration Form

		Staff Use Only	
Application Received _____	Registration Paid _____	1st day of attendance _____	Last day of attendance _____
Wait List Paid _____			

Child _____ Nickname _____ DOB _____ Sex _____
 Address _____ Home Phone _____
 Previous Child Day Care Programs Attended _____
 Name of Other School/Program Attending _____ Grade/Class _____

PARENT(S) / GUARDIAN(S)

Mother/Guradian _____	Father/Guradian _____
SS# _____ Drivers Liscence # _____	SS# _____ Drivers Liscence # _____
Address _____	Address _____
_____	_____
Email _____	Email _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Employer _____	Employer _____
Address _____	Address _____
_____	_____
Work Phone _____	Work Phone _____
Person/Agency with Legal Custody of Child _____ Home Phone _____	
Home Address _____	
Child lives with: Both Parents _____ Mother _____ Father _____ Legal Guardian _____	

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc... and Action to Take in an Emergency _____

 Chronic Physical or Special Developmental Needs _____

 Child's Physician _____ Phone _____
 Address _____
 Child's Dentist _____ Phone _____
 Address _____
 Two People to Contact if Parent(s) Cannot be Reached (these individuals are also authorized to pick up my child):
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Person(s) NOT Authorized to Pick Up 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 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.

(over)

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.**
- 3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the 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.

Parent(s) or Guardian(s) _____ 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.

Photos

I authorize The Learning Connection SM to take photographs of my child (children) for class projects, class displays, publicity, etc...

Parent(s) or Guardian(s) _____ Date _____

Field Trips / Transportation

I authorize my child to participate in field trips sponsored by The Learning Connection and be transported for such activities.

Parent(s) or Guardian(s) _____ Date _____

I authorize my child to be transported to / from school by The Learning Connection SM

Parent(s) or Guardian(s) _____ Date _____

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	Date of Birth	Birth Certificate Number	Date Issued
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Other Form of Proof	Date Viewed	Person Viewing
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Date of Notification of Local Law Enforcement Agency (when required proof of identity is **not** provided within 7 working days) _____

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), 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.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced 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.