



# Northern Virginia Family Service Daycare Center Registration Form

## Child Information

Date \_\_\_\_\_

1 <sup>st</sup> Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: State:	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Previous child day care programs and schools attended.					
Primary Hours of Care <b>FROM</b> AM / PM <b>TO</b> AM / PM			Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
2 <sup>nd</sup> Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: State:	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Previous child day care programs and schools attended.					
Primary Hours of Care <b>FROM</b> AM / PM <b>TO</b> AM / PM			Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

How did you hear about us? \_\_\_\_\_

Additional Comment: \_\_\_\_\_

## Primary Guardian Information

*Names(s) of person(s) with whom child is living*

1 <sup>st</sup> Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Home Street Address		Cell Phone
Occupation	Employer	Work Address	Work Cell
2 <sup>nd</sup> Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Home Street Address		Cell Phone
Occupation	Employer	Work Address	Work Cell
Which guardian should be called first?			
Home Phone		Preferred language for written communication	
Mailing Address (if different than above)	Apt#	City	Zip Code

**Additional Comment:** \_\_\_\_\_

## Secondary Guardian Information

*Non-primary custodial parent*

1 <sup>st</sup> Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2 <sup>nd</sup> Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone	Preferred language for written communication		
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

**Additional Comment:** \_\_\_\_\_

## Emergency Contacts and Authorized Pickups

1 <sup>st</sup> Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:
2 <sup>nd</sup> Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:
3 <sup>rd</sup> Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:

**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.

**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	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):* \_\_\_\_\_

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.