

COUNTRYSIDE CHILDREN'S DAYCARE CENTER, INC.

Child	Nickname	Date of Birth	Sex
Address		Grade	Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Daycare Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S) GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Cell Phone
Mother	Place Employed	Business Phone
Home Address		Cell Phone
Person(s) Having Legal Custody of Child	Email Address:	

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	1	1
2	2	2
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> 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 daycare center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or daycare activities.

AGREEMENTS

- 1 The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the
- 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.
- 4 I understand that I will have to give a waiver for each field trip or event not held in the day care building.
- 5 We have read the guidelines and policies of Countryside Children’s Daycare and agree to abide by its policies.
- 6 I understand that I will be responsible for any collection fees and/or all fees incurred to collect debt.

SIGNATURES

Parent(s) or Guardian(s)	Date
Parent(s) or Guardian(s)	Date
Administrator of Center	Date

Location Enrolled: ___MES ___L&C ___BG ___Toddler ___Preschool (CDC)

Date Child Entered Care: _____ **Date Left :** _____

** 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 Document

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), 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 (i) the social security numbers in those records to make them unreadable or indecipherable by any means.

Medical Release Form

I/We hereby give any faculty member or staff worker of Countryside Children's Daycare Center, Inc. permission to seek medical attention for my/our child in the event of accident, injury, or illness.

I/We further release Countryside Children's Daycare Center, Inc. Facility from any liability due to injury, illness, or accident.

Student's Name: _____

Father/Guardian: _____

Mother/Guardian: _____

Family Medical Insurance Company: _____

Family Medical Insurance Policy #: _____

Family Doctor: _____

Family Doctor Phone Number: _____

Hospital of Choice

1. _____

2. _____

Emergency Phone Numbers

Father's Daytime Phone Number: _____

Mother's Daytime Phone Number: _____

List any known allergies, medical conditions, special medications, etc.

Parent(s) or Guardian(s) Signature

Please Read And Sign The Waiver Below

In agreeing to participate in the activity, as a participant, parent/guardian of participant, I affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and is capable of performing an activity of this nature. All activities are to be age appropriate, for example: trips to the county library, trips to schools & businesses, etc...

In consideration of participating in this activity, I do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, actions, cause of actions, claims and demands of every kind of nature whatsoever that the participant has or which arises in connection with his/her participation in this activity, Countryside Children's Daycare Center, Inc. all of its officers, employees, staff, and volunteers. It is likewise assumed and agreed that the participant will wear proper clothing and protective equipment during the activity and that it is the responsibility of the participant's parent or guardian to see this criteria is met. I grant permission to transport (bus, van, car, walking) the participant from the event when required and hold harmless those assigned to transport.

I also agree to follow transportation of the participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to injured person when deemed necessary.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Date

PUBLISHED CHILD INFORMATION

Countryside Daycare publishes a variety of information about our schools and their activities to the public through various media, including television, internet, and print. We may wish to include your child's name and/or photograph. The information might be published in order to recognize achievement, in conjunction with the use of your child's work, in a recruiting brochure, newsletter, or other display. Your signature below acknowledges permission for this information to be published.

My child's name may be published. Yes_____ No_____

Photographs of my child, which may be accompanied by their name. Yes_____ No_____

My child's work may be published. Yes_____ No_____

I hereby give the above permissions and release Countryside Daycare from liability resulting from or connected with the publication of this information.

Child's Name

School

First, Mi, Last Name (print)

Signature

Date

CHILD INFORMATION FOR CLASSROOM

Child's Name: _____ Date Completed: _____

Age: _____ Date of Birth: _____ Home Phone: _____

Address: _____

PARENT(S) OR GUARDIAN(S)

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Place of Employment: _____ Place of Employment _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Physician's Name: _____ Physician's Phone Number: _____

May we contact your child's Physician: _____

May we call another physician if unable to contact the above? _____

ANY ALLERGIES _____

Insurance Name _____ Phone Number _____

Policy Number _____

PEOPLE TO CONTACT IF YOU CAN NOT BE REACHED

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

LIST OF AUTHORIZED PEOPLE TO PICKUP YOUR CHILD

1. _____ Relation: _____ Number _____

2. _____ Relation: _____ Number _____

LIST OF PEOPLE (NOT) AUTHORIZED TO PICKUP YOUR CHILD

1. _____ 2. _____