

St. Joseph's Preschool
203 N. Spring St.
Falls Church, Va 22046
CHILD REGISTRATION FORM

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child attends this center and another school/program, give name		Grade	

**Office Use Only
IDENTITY VERIFICATION**

Place of Birth	Birth Certificate #	Birth Date	Date Issued
Other form of Proof	Date Documentation Viewed	Person Viewing Documentation	

*Proof of the child's identity and age may include a certified copy of the birth certificate, birth registration card, notification of birth (hospital, physician, mid-wife) or passport. This is to be presented to the office but under no circumstances can the office retain a copy.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is **not provided**)

Date: _____

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Work Phone
Home Address		Home Phone
		Cell Phone
Mother	Place Employed	Work Phone
Home Address		Home Phone
		Cell Phone
Person(s) or Agency having legal custody of Child		
Home Address		Home Phone
Business Address		Business Phone
		Cell Phone

EMERGENCY INFORMATION

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Allergies, 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:

1.	Relationship	Home Phone
Home Address		Work Phone
Notes:		Cell Phone
2.	Relationship	Home Phone
Home Address		Work Phone
Notes:		Cell Phone
Person(s) Authorized to Pick Up Child:		
Person(s) NOT Authorized to Pick Up Child*		

*Appropriate paperwork such as custody papers must 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 day care center activities.

AGREEMENTS

1. St. Joseph's Preschool 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.
2. The parent(s)/guardian(s) authorize St. Joseph's Preschool 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, immediately.

SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Director</i>	<i>Date</i>

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the objection and the reason for the objection.