



West Point UMC Preschool Academy
 1020 Main St. P.O. Box 610
 West Point, VA 23181
 804-843-3486
 Email: preschool@westpointumc.com



Child	Nickname	Date of Birth	Sex
Address			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 of School/Program			Grade

PARENT(S)/GUARDIANS(S)

Name(Guardian 1)	Place Employed	Business Phone
Home Address		Phone
Email		
Name(Guardian 2)	Place Employed	Business Phone
Home Address		Phone
Email		
Person(s) or Agency Having Legal Custody of Child (if different from above)		Email
Address		Phone

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 Guardian(s) Cannot be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick up Child		
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)/guardians 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(s) 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 diseased which must be reported immediately.

SIGNATURES

_____ **Parent(s) or Guardians(s)** _____ **Date**

_____ **Administer of Center** _____ **Date**

Date Child Entered Center: _____ Date Left Center: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardians(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 of Documentation Viewed	Person Viewing Documentation

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 included 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), recorded 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 present or copy of the entrustment agreement coffering 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 programs) or the center transfers responsibility of the child directly to the school (i.e., begore school programs). While programs are not required to keep the proof of the child’s identity, documentation of the 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 and other disposition of the proof identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding,. (ii) erasing, or (ii) otherwise modify the social security numbers in those recorded to make them unreadable or indecipherable by any means.