DIVISION OF LICENSING PROGRAMS VIRGINIA DEPARTMENT OF SOCIAL SERVICES

ST. PAUL LÜTHERAN CHILD CARE CENTER

| Child's Name (last) | First | Middle | Nickname | Sex (F o | r M) |
|-------------------------------|------------------------------|-------------|---------------------|-----------------------------|--------------|
| Address Street | | | Town | State | |
| | | | • | State | Zip |
| ather's Name Last | First | | MI | Home Telephone # | |
| ather's Employer | | | Address | Work Phone No. | |
| Mother's Name Last | First | | MI | | mana kangrab |
| | | | 770 | Home Telephone N | 0. |
| Mother's Employer | | | Address | Work Phone No. | |
| egal Custodian(s) | | | Address & Telephone | e if different than parents | |
| Any Chronic Medical Cond | | | | | |
| Allergies or intolerance to f | ood, medications, etc, and a | ction to ta | ke in emergency | | |
| Child's Physician | | N | | Tel. Number | |
| Vames, addresses, tel. numb | per for 2 emergency contacts | ; | | | |
| | | <u>-</u> | | | |
| ersons authorized to pick u | p child | · | | , | |
| | | <u> </u> | | , | - <u></u> |
| | | | | | |
| ersons NOT allowed to pic | k up child* | | | | |

TURN PAGE

AGREEMENTS

The child day center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have his/her child picked up as soon as possible if so requested by the center.

The parent/guardian authorizes the child day center to obtain immediate medical care if any emergency occurs when he cannot be

reached immediately. This is not required by state regulation if the parent has an objection to the provision of such care on religious or other grounds. Other: **SIGNATURES** Father/Guardian Date Mother/Guardian Date Administrator/Director of Center Date Date Child Entered Daycare Date Withdrawn FOR OFFICE USE ONLY **IDENTITY VERIFICATION** Place of Birth Date Certificate No. Other form of proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, notification of birth by the hospital or midwife (certificate) baptismal record, or a school record from a public school in Virginia, or a certification by a principal or his designee in a public school in the U.S. that a certified copy of a child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the program assumes responsibility for the child directly from the school. While the programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up a child.

NOTE: Give parent or guardian a copy of this form.