

Beach Day School Registration 2018-2019

Registration Paid: ____

Health Form: ____

Please circle preferred class: MWF 2's MTuTh 2's 3's 4's Kindergarten

Child's Name:	Nickname:	Date of Birth/Age:	Gender:
Address:	City:	State:	Zip Code: Phone for immediate contact:
Email Address (we are paper-free whenever possible. . . all notifications AND invoices will go to this address):			
First Presbyterian Church Member: (Please circle) Yes No			

PARENT(S)/ GUARDIAN(S)

If either parent is not authorized to pick up child, we must have proof with legal documentation.

Mother's Name:	Occupation:
Employer:	Employer Address/City: Work Phone:
Home Phone:	Cell Phone: E-mail:
Father's Name:	Occupation:
Employer:	Employer Address/City: Work Phone:
Home Phone:	Cell Phone: E-mail:
Primary Custody Held by: (Please circle one) Both Mother Father	
Names and Birthdates of Siblings:	

EMERGENCY INFORMATION

List any allergies/medical condition(s) which warrant special attention, or action to be taken in an emergency (epi-pen, medication, etc.)
List any type of service your child may be receiving, and why (e.g., occupational therapy, physical therapy, speech therapy, etc.):
It is Beach Day's goal to provide the best educational experience for your child. If we find your child has needs that are not a match with our expertise, we will be happy to refer you to a more appropriate center.
Child's Physician: Physician's Phone:
Do you fully vaccinate your child in accordance with Virginia Immunization regulations? Circle One: Yes No *If not, Beach Day requires a documented exemption form.

Insurance Co. & ID #: _____

In the event of a serious medical emergency, I authorize Beach Day School to call the Virginia Beach Rescue Squad and, if necessary, transport my child to the nearest hospital.

Signature of Parent

Date

EMERGENCY CONTACT / RELEASE INFORMATION

Emergency Contact should be someone other than a parent

Responsible Adult(s) to be called if parents/guardians cannot be reached in an emergency:

Name:	Relationship:	Phone:	(Please circle) Allowed Pick-up Yes No
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Name:	Relationship:	Phone:	(Please circle) Allowed Pick-up Yes No
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Name:	Relationship:	Phone:	(Please circle) Allowed Pick-up Yes No
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Name:	Relationship:	Phone:	(Please circle) Allowed Pick-up Yes No
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PERSONS NOT AUTHORIZED TO PICK UP:

Name(s): _____

AGREEMENTS:

1. The parent(s)/guardian(s) agree to submit a completed registration form and health form for the child prior to or on the first day of school. _____(initial)
2. The parent(s)/guardian(s) intend to continue their child's preschool experience (and K if so desired) at Beach Day School once enrolled. _____(initial)
3. The parent(s)/guardian(s) agree to inform Beach Day within 24 hrs. after his/her child or any member of the immediate household has developed a reportable communicable illness, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately. _____(initial)
4. The parent(s)/guardian(s) agree to keep the child at home during/after an illness until the child has been fever/vomit/diarrhea free for *at least 24 hours*. _____(initial)
5. Beach Day agrees to notify 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 school. _____(initial)
6. Beach Day agrees to notify parent(s)/guardian(s) if a highly contagious condition of any kind is reported in the school. _____(initial)
7. Beach Day has permission to videotape and/or photograph my child in his daily activities. Video and photographs may be posted on the FPC and BDS website, BDS Shutterfly website (that only school personnel and parents can view), BDS Facebook page and on Beach Day's Google account. (which IS open to the public). No names will be associated with pictures. _____(initial)
8. Beach Day has permission to take my child on fully supervised, unscheduled walks (e.g., around the block, post office, beach, etc.) _____(initial)

Parent/Guardian Signature

Date