

**The Day School
New Highland Baptist Church
REGISTRATION FORM
2020-21 SCHOOL YEAR**

Office Use Only
\$160.00 Deposit Paid?: _____
Method of Payment: Check / Cash
Check #: _____

Child's Name	Nickname	Date of Birth	Gender
Home Street Address	City	State	Zip
			Phone (cell, home or work?)
Email Address			
APPLYING FOR WHICH PROGRAM (3'S & PRE-K —PLEASE DESIGNATE A 1ST AND 2ND CHOICE): <input type="checkbox"/> Two day 2½ year old—Tues/Thurs ____ <input type="checkbox"/> Three day Pre-K—Mon/Wed/Fri ____ <input type="checkbox"/> Two day 3 year old—Tues/Thurs ____ <input type="checkbox"/> Four day Pre-K—Mon—Thurs ____ <input type="checkbox"/> Three day 3 year old—Mon/Wed/Fri ____ <input type="checkbox"/> Five day Pre-K—Mon—Fri ____			
CHRONIC PHYSICAL PROBLEMS/PERTINENT DEVELOPMENT INFORMATION/SPECIAL ACCOMMODATIONS NEEDED			

PARENT(S)/GUARDIAN(S)

Parent/Guardian 1	Place Employed	Phone (cell or work?)
Home Street Address	City	State Zip
		Home Phone or N/A
Parent/Guardian 2	Place Employed	Phone (cell or work?)
Home Street Address	City	State Zip
		Home Phone or N/A
Siblings and Ages		

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) can't be reached Name & Relationship	Street Address, City, State & Zip	Phone (including area code)
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.

AGREEMENTS

- 1. The Day School 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 Day School .
- 2. The parent(s)/guardian(s) authorize The Day School 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 Day School within 24 hours or the next business day after the 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.

SIGNATURES

Parent(s) or Guardian(s) Date

Administrator of Center Date

** 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.

PHOTO RELEASE:

At The Day School, we regularly document the students' work and activities using video and digital photography. Images may appear in private password-protected venues such as classroom videos and newsletters, or publicly in blog posts, advertising, and presentations. Should you have any objections to your child's image being featured privately or publicly, please note them below:

Initials No objection.

Initials I do not wish my child's photograph being used in **private, password** protected ways including Cluster (a private, classroom specific photo sharing site)

Initials I do not wish my child's photograph and/or name being used **public** facing material advertising and the school's website

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, The Day School is to complete the following.:

Place of Birth _____ Birth Date _____ Birth Certificate Number _____

Date Issued _____ Other Form of Proof _____

Date Documentation Viewed _____ Person Viewing Documentation _____

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

Date Child Entered Care _____ Date Left Care: _____