

Children's Academic Preschool 2017

Date: _____
Child's First Name: _____ Middle: _____ Last: _____
Date Of Birth: _____ Child's Physical Address: _____
City: _____ State: _____ Zip: _____

ALLERGIES of intolerance to FOOD, MEDICATIONS etc. **AND** action to be taken in an emergency: _____

Child's Physician: _____ Phone #: _____ Hospital: _____
Name and Ages of Siblings: _____

(GUARDIANS) E-Mail Address: _____

Mother's First Name: _____ Middle: _____ Last: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Cell #: _____ Home #: _____ Other: _____
Employer: _____ Work Phone #: _____
E-Mail Address: _____

Father's First Name: _____ Middle: _____ Last: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Cell #: _____ Home #: _____ Other: _____
Employer: _____ Work Phone #: _____
E-Mail Address: _____

Custody: Name & Address of Parent or Agency:
Name: _____ Address: _____
City _____ State: _____ Zip: _____ Phone # _____

Emergency Contacts: Name & Address of TWO contacts if parents can't be reached
Name: _____ Address: _____ Phone #'s _____
City _____ State: _____ Zip: _____
Name: _____ Address: _____ Phone #'s _____
City _____ State: _____ Zip: _____

Names of People **ALLOWED** to Pick Up My Child (with written/oral permission from Parent)

NOT ALLOWED to Pick up My Child: Custody papers shall be attached if a parent is not allowed to pick up

Note: Section 22.1-4-3 of the Code of Va. states that unless a court order has been issued to the contrary, the non-custodial, shall be admitted to child day program. Such right of admission shall apply only while the child is in the Program. Section 63.2-1813 of the Code of Virginia.

Child's Personal History:

Type Of Birth: _____ Was your child premature? _____ Birth Weight: _____
Age your child began to Sit: _____ Walk: _____ Crawl: _____

Does your child have a sleeping schedule?_____ If so, please explain:_____

Does your child sleep with something special?_____

What mood does your child awake in?_____

Infants: If applicable:

Baby's Feeding Schedule: _____

Baby's Sleeping Schedule:_____

What name brand of formula does your baby drink?_____

In case your child's runs out of formula, are there any commercial formula that you wish we not use?_____

School-Age Children: If Applicable:

Please state the public school your child attends:_____ Grade:_____

Has he/she repeated any grades?_____

Would you like your child to do his/her homework here at the center?_____

What special subject (s) would you like us to work with your child on?_____

Social Relationships: If Applicable:

Does your child have experience playing with other children?_____

Does your child play alone?_____

Who does he/she play with usually? Girls_____ Boys_____ Older_____ Younger_____

By nature, is your child: Friendly _____ Aggressive _____ Shy _____

What special toys does he/she play with at home?_____

Do you feel your child's adjustment to preschool will be pleasant?_____

Does your child become upset when separated from you?_____ If so, is there anything special you would like us to do to ease the situation?_____

What upsets your child?_____

Is he/she frightened of any of the following?

People with glasses_____ storms_____ animals _____ loud noises_____ other_____

Medical History:

Does your child have any Chronic Physical problems, pertinent development information or any special accommodations needed that we should know about?_____

Does your child take any Medication on a regular basis?_____

If so, Please explain_____

Does your child have any allergies of any kind?_____

If so, Please explain and give us instructions on what you would like done if your child encounters these._____

Any other information you feel we should be aware of?_____

Infection Control:

As our handbook indicates, symptoms that will prevent your child from attending our center are

as follows; a fever over 100* Reoccurring vomiting or diarrhea (more that 2 in one hour) or other contagious illnesses.

If your child is ask to be picked up at our center because of an illness, we may ask for a doctor's note (depending on reason for leaving) before returning to our center. We want a healthy environment for all the children.

Agreements: Please initial spaces below _____

If my child becomes ill, I will pick him/her up (**or make arrangements if I cannot**) as soon as possible. I understand that my child must be free of vomiting, diarrhea, and fever free without fever reducer for a 24 hour period before returning back to the center. _____

I understand the infection control policies and I agree to abide by them for the protection of my child as well as, the other children and staff members. _____

I (parent/guardian) agree to inform the center within 24 hours or the next business day after my 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. _____

I consent to the enrollment of my child _____ with Children's Academic Center and agree that the center shall not be held responsible in case of accident or illness of my child while in attendance. _____

I consent for Children's Academic Center to transport my child on field trips.
(if applicable) _____

I consent for my child's picture being taken and being posted if the center desire to do so _____

*In case of an Emergency, depending on the severity of the situation (which is determined by the Administrator or Director) I consent for my Child _____, to receive Emergency Medical Care and to be transported to the hospital by the Rescue Squad. _____

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

Parent Agreement:

I agree to pay my child's tuition in advance as indicated below;

To avoid \$10 late fee, payment must be made before Tuesday 6:00 P.M. of each week.

I agree that full tuition fees are due on time. I understand there are no reductions in tuitions due to vacations or sickness.

Monthly _____ Weekly _____ Bi-Weekly _____

_____ I will have a co-fee with Social Services and I agree that I am responsible for payments that Social Services will not cover.

I understand that there is a **\$100.00 annual registration** fee per child. This is due upon enrollment date each year. _____

**I have read the parent handbook and agree to all terms and policies.
I agree to give a 2 week notice or PAY a 2 week holding fee if I withdraw my child from Children's Academic Center WITHOUT giving a 2 week notice in writing to the director or administrator.**

How long do you plan to use our services? _____

Mother's Name: _____ Mother's Signature: _____
SS# _____ Date: _____
E-Mail Address: _____

Father's Name: _____ Father's Signature: _____
SS# _____ Date: _____
E-Mail Address: _____

The Code Of Virginia requires Childcare Centers to verify Children's Identity, Date of Birth, and to identify previous Childcare providers. The law further requires the center to notify the Local Law Enforcement agency if the below information is not provided within 7 days of enrollment. Please Complete Section Below...

Name of Child: _____ Date of Birth: _____
Has your child had previous childcare experiences? _____
If so, Where _____ and how long? _____
How did you hear about Children's Academic Center? _____
If your child attends this center and another school/program, please give
Name: _____ Grade: _____

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 Documentation Viewed: _____

Person Viewing Documentation: _____

Director: _____ Enrollment Date: _____

Last Day: _____ Reason for Leaving: _____

CHILDREN'S ACADEMIC CENTER
270 ALLEGHANY SPRING ROAD
SHAWSVILLE, VA. 24162
540-268-5656

TUITION/FEE AGREEMENT

I have been informed of the tuition rate for my child and the center fees. I understand that continuation of care is dependent upon my timely payment of all fees and tuition. I understand that if I fail to pay in a timely manner, care can be discontinued for my child. I agree to pay all applicable tuition and fees.

I understand that if there are any amendment to the tuition during the school year, I will be notified at one month in advance.

I understand there are no reductions in fees due to missed days (illness, vacations, weather or closed for holidays

CHILD

PARENT/GUARDIAN SIGNATURE

DATE

ENROLLMENT FEE SCHEDULE:

TUTION/CO FEE	DUE DATE
\$100 non-refundable annual application fee	Upon receipt of application
First week of tuition/co fee payment	By the first Tuesday of attendance

Weekly tuition is due no later that Tuesday of each week.

Monthly tuition is due by the first Tuesday of each month

Late fees: \$10/week for weekly payments and \$10 for monthly payments

Revised 01/2017