



270 Alleghany Spring Rd.  
Shawsville, VA 24162  
Ph. (540)268-5656

## Children's Registration Form

Enrollment Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Father's Home Address (if different from child's) (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other \_\_\_\_\_

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. Such right of admission shall apply only while the child is in the Program. Section 63.2-1813 of Code of Virginia.

Revised 01/2/2020

**Foster: Name & Address of Guardian and Agency**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

The child **may be** released to the person(s) signing this agreement or to the following:

\_\_\_\_\_

The child is **NOT ALLOWED** to be released to the following person(s):

\_\_\_\_\_

**Emergency Contacts:** Persons to contact in the case of emergency when parent or guardian cannot be reached:

\*Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to child/family \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to  
child/family \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor/clinic name:

\_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

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\_\_\_\_\_ My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

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### EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_ (child's name) Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of Children's Academic Center and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian

Signature Date

\_\_\_\_\_  
\_\_\_\_\_  
Facility Administrator/Director

Signature Date

### Parental Agreements with Child Care Facility

My child will participate in the following meal plan (circle applicable meals and snacks):  AM Snack  Lunch  Afternoon Snack

\_\_\_\_\_ My child may be photographed for the center or our social pages.

\_\_\_\_\_ Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

\_\_\_\_\_ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

\_\_\_\_\_ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Children's Academic Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water.

\_\_\_\_\_ I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Children's Academic Center.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ (Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ (Facility Administrator/Director)

# Tuition Contract for Childcare Services

The Children's Academic Center agrees to provide child care for

\_\_\_\_\_ from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

\_\_\_\_\_.

(Name of Child)

(Days of Week)

Your weekly/monthly fee will be \$\_\_\_\_\_ for

\_\_\_\_\_.

\_\_\_\_\_ \$100.00 Registration fee is due upon completion of application and **EVERY** reoccurring year they attend Children's Academic Center.

\_\_\_\_\_ Tuition/Co-fee is due before the 1<sup>st</sup> day of attendance.

\_\_\_\_\_ Weekly payments not received by **Tuesday of each week**; we have the right to discontinue childcare services until the payment is paid in full.

\_\_\_\_\_ DSS monthly CO-fee not received by the **1<sup>st</sup> Tuesday each month**; we have the right to discontinue childcare services until the payment is paid in full.

After hour fees (after 6 pm) is \$2.00 per minute late. Arrangements for payment must be made to the teacher(s) that stayed after hours.

I have read and understand the tuition rate for my child, the annual registration fee and the center fees for late payments and late pick-up.

I understand that continuation of childcare is dependent upon my timely payment of all fees and tuition.

I understand that the Children's Academic Center has the right to discontinue childcare for my child for failure to pay in a timely manner.

I understand that if there are amendments to the tuition during the school year, I will be notified 30 days in advance.

I understand there are no reduction in fees due to missed days (illness, vacations, weather or closings for holidays).

Child's Name: \_\_\_\_\_  
\_\_\_\_\_

Date:

Parent's Name: \_\_\_\_\_  
\_\_\_\_\_

Date: