



Baby Toddler and Preschool Land
 10400 Fairfax Village DR
 Fairfax, VA 22030
 703-279-7188
REGISTRATION FORM

Child's Full Name	Nickname	Sex	Date Of Birth
Primary Address			Home Phone Number
List any other programs or schools child currently attends			
Chronic Physical Problems/ Pertinent development information			
All previous schools attended:			

Parent/ Guardian Information

Father's Name	Home Phone Number	Cell Phone
Home Address	Email Address	Business Phone
Business Address	Place Employed	
Mother's Name	Home Phone Number	Cell Phone
Home Address	Email Address	Business Phone
Business Address	Place Employed	
Person (s) or Agency having legal custody		
Home Address:	Home Phone	
Business name and Address	Business Phone	

Emergency Information

Allergies or Intolerances/ actions to be taken		
Child's Physician	Phone Number	
Health Insurance Company	Policy number	Phone Number
Name of Emergency Contact #1	Phone Number	
Address		
Name of Emergency Contact #2	Phone Number	
Address		
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 non-custodial parent, as an emergency contact for events occurring during school or day care activities.

Agreements:

1. The parent/guardian gives authorization for child to participate in field trips ____ Yes ____ No
2. The Childcare center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible after being notified.
3. The parent/guardian authorizes the childcare center to obtain immediate medical care if emergency occurs when he or she cannot be located immediately.**
4. The parents/guardian agrees to inform the center within 24 hours or next business day his/ her child or any member of the immediate household has a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
5. The center has provided me with a parent handbook and I understand and agree with its contents.
6. The parent/guardian gives us authorization to use the image of your child may in our marketing and advertising ____ Yes ____ No

Signature _____

Parents/ Guardians _____

Date _____

Director/Administrator _____

Date _____

Date Child Entered Care _____

Date Child Left Care _____

****If there is any objection to seeking emergency medical care, a statement will be obtained from parent/guardian that states the objection and the reason. This statement will release the center from all liability in this matter.**

**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	Date of Birth	Birth certificate Number	
Date issued	Date Viewed	Other form of proof	Person Viewing Documentation

Date of Notification of Local Law Enforcement Agency (When required proof of identity is not Provided): _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth, passport, or copy of placement agreement from a (foster care and adoption agency recognized by state of Virginia), Record from a public school in Virginia. Documentation of view of this information must be kept in child's record.

Section 22 VAC 40 - 185 - 60. States that after the copy of the proof of identity has been successfully viewed and documented, the procedure for disposal or physical destruction or disposition shall be (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in the records to make them unreadable by any means.

Updated _____