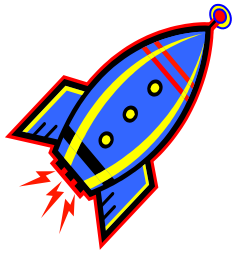


Child Registration Form



Little Rocketeers Child Care & Preschool

...Where there are no limits to learning and having fun...

9345 Devlins Grove Place
 Bristow, VA 20136
 Phone: 571.248.6959
www.LittleRocketeers.com

Child's Name :		S.S. # :	
Nickname (s) :	Gender : M <input type="checkbox"/> F <input type="checkbox"/>	Date Of Birth :	
Mailing Address :			
City :	State :	Zip Code :	
Home Phone :			

Please check your child's program

<input type="checkbox"/> FULL TIME CARE	<input type="checkbox"/> PART TIME FULL DAYS ALL AGES	<input type="checkbox"/> PART TIME HALF DAYS TODDLER/TWO YEAR OLD	<input type="checkbox"/> HALF DAY PRESCHOOL AGES 3-5
Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Pre-K <input type="checkbox"/> 6:30am -6:30pm	Full Day M/W/F <input type="checkbox"/> Full Day T/TH <input type="checkbox"/> 6:30am - 6:30pm	MON-FRI 9:00 - 12:00 <input type="checkbox"/> M/W/F 9:00 - 12:00 <input type="checkbox"/> T/TH 9:00 - 12:00 <input type="checkbox"/>	Morning: MON-FRI 9:00 - 12:00 <input type="checkbox"/> M/W/F 9:00 - 12:00 <input type="checkbox"/> T/TH 9:00 - 12:00 <input type="checkbox"/> Afternoon: MON-FRI 1:00 - 4:00 <input type="checkbox"/> M/W/F 1:00 - 4:00 <input type="checkbox"/> T/TH 1:00 - 4:00 <input type="checkbox"/>

Previous Daycare Program:

Child Registration Form

Parent(s)/Guardian(s)

Mother's Name :		S.S. # :	
Address :		Date of Birth :	
Home Phone :	Work Phone :	Mobile :	
Pager:	E-mail :		
Employer name :		Job Title :	
Employer Address :			

Father's Name :		S.S. # :	
Address :		Date of Birth :	
Home Phone :	Work Phone :	Mobile :	
Pager:	E-mail :		
Employer name :		Job Title :	
Employer Address :			

Emergency Contacts

Names and phone numbers of people authorized to pick up your child in case of emergency when parent/guardian cannot be reached:

Contact's Name 1 :			
Address :		State :	Zip Code :
Home Phone :	Mobile :	Email :	
Employer :		Work Phone :	
Relationship to child :			

Contact's Name 2 :			
Address :		State :	Zip Code :
Home Phone :	Mobile :	Email :	
Employer :		Work Phone :	
Relationship to child :			

Child Registration Form

Person(s) or Agency Having Legal Custody of Child

Name :			
Address :		State :	Zip Code :
Home Phone :	Mobile :	Email :	
Employer :		Work Phone :	

Person(s) NOT Authorized to Visit, Call or Pick up Child*

*Appropriate custodial paperwork shall be attached if a parent is not allowed to pick up the child

Allergies or Intolerance to Food, Medication, etc; and Action to Take in an Emergency

Child's Physician _____ Phone _____

**** In Emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. Your signature below will serve as your authorization to do so.**

Agreement

1. The Child day center 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 center.
2. The parent(s)/guardian(s) authorize the child day center 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 center within 24 hours or the next business day after his 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.
4. By signing this agreement, the parent(s)/guardian(s) acknowledges receipt of Parent Handbook, all necessary enrollment and medical forms, have read all the centers policies and procedures and is in agreement to remain in compliance.

5. Other: _____

Child Registration Form

Signatures of Parent(s) / Guardian(s) :	Date :
Signature of Administrator :	Date

Date Child Entered Care :	Date Child Exit Care
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****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.**

Office Use Only:

Identity Verification

Child Place of Birth :	Birth Date :
Birth Certificate Number :	Date Issued :

Other Form Of Proof Age & Identity :
Date Documentation Viewed :
Person Viewing Document :

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided;
Date_____

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 (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.