



CHILD REGISTRATION FORM

Please Print

For part-time programs, please circle days of attendance:

Program: _____

Full-time

Part time 3-day: M T W TH F

Part-time 2-day: M T W TH F

Start Date: _____

Tuition Schedule: Weekly or Monthly

GENERAL INFORMATION

Child's Name _____

Nickname _____

Date of Birth _____

Gender _____

Address _____

Home Phone _____

Previous Child Day Care Programs Attended _____

Name of school / program attended simultaneously _____

PARENT(S)/GUARDIAN(S) INFORMATION

Parent's Name _____

Cell Phone _____

Email Address _____

Home Address _____

Home Phone _____

Alternate E-mail Address _____

Employer _____

Work address _____

Work Phone _____

Parent's Name _____

Cell Phone _____

Email Address _____

Home Address _____

Home Phone _____

Alternate E-mail Address _____

Employer _____

Work address _____

Work Phone _____

EMERGENCY INFORMATION

Please describe any allergies or intolerance to food, medication, etc. and action to take in an emergency:

Name of Child's Pediatrician _____

Telephone number _____

TWO PEOPLE TO CONTACT IF PARENT(S) CANNOT BE REACHED WITHIN 1 HOUR:

Please be sure to provide a complete address including zip code and telephone number for all contacts listed. (Please do not include your own name here.) **THESE CONTACTS NEED TO BE LOCAL.**

Name _____

Address _____

Phone: CELL WORK HOME

Name _____

Address _____

Phone: CELL WORK HOME

PERSON(S) AUTHORIZED TO PICK UP CHILD

Photo identification is required. Fontanelle Academy of Early Learning reserves the right to copy this identification to keep in your child's record. Your child will not be released to any person without written authorization. **Please be sure to provide a complete address including zip code and telephone number for all contacts listed. (Please do not include your own name here.)**

_____ Name	_____ Address	_____ Phone: CELL WORK HOME
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_____ Name	_____ Address	_____ Phone: CELL WORK HOME
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PERSON(S) NOT AUTHORIZED TO PICK UP CHILD

****Appropriate paperwork, such as custody papers, must be kept in the child's file if a parent is not allowed to pick up the child.**

PHOTO WAIVER

I give my permission for my child to be included in school pictures and consent to the use of those pictures by Fontanelle Academy of Early Learning on its website. My child's picture will not be used in any printed promotional materials such as brochures, newspaper advertisements, etc. without my express written authorization, which shall be separately required for each such use.

AGREEMENTS

1. Fontanelle Academy of Early Learning 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 Center.
2. The parent(s)/guardian(s) authorizes Fontanelle Academy of Early Learning to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardian(s) agrees to notify Fontanelle Academy of Early Learning within 24 hours after the child or a member of the immediate household has developed a communicable disease.

Parent's Signature

Date

Director's Signature

Date

IDENTITY VERIFICATION

Please provide us with 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 the United States 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.

OFFICE USE ONLY:

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Person Viewing Documentation: _____ Date Viewed: _____

Date of notification of local law enforcement agency (when required proof of identity is not provided): _____