



## CHILD REGISTRATION FORM

*Please Print*

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

Program: \_\_\_\_\_

Full-time

Start Date: \_\_\_\_\_

Part time 3-day: M T W TH F

Tuition Schedule: Weekly or Monthly

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

### 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:

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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

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## 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.)**

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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.

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## 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.

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## 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.

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Parent's Signature

Date

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Director's Signature

Date

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## 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): \_\_\_\_\_