



Registration Form

**4721 Plank Road
Fredericksburg, VA 22407
Phone (540) 785-3437
Fax (540) 548-3299**

Child's Name: _____

Please mark the appropriate box:

Two Year Olds	Three Year Olds (3 by September 30, 2013)	Four Year Olds (4 by September 30, 2013)
<input type="checkbox"/> Full-time <input type="checkbox"/> 9am-12pm M-F <input type="checkbox"/> Part-time # days _____	<input type="checkbox"/> Full-time <input type="checkbox"/> 9am-12pm M-F <input type="checkbox"/> Part-time # days _____	<input type="checkbox"/> Full-time <input type="checkbox"/> 9am-12pm M-F <input type="checkbox"/> Part-time # days _____

Child's Information

First Name	Middle Name	Last Name	Nickname
Birth Date / /	Sex M / F		

Child's Street Address	Home Phone Number () -	
City	State	Zip Code

Mother's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number () -	Work Phone Number () -	
Cell Phone Number () -	E-mail Address	

Father's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number () -	Work Phone Number () -	
Cell Phone Number () -	E-mail Address	

Previous Child Care Center attended: _____

Person(s) or Agency having legal custody of child: _____

Do you allow your child to be used for The Little Academy's advertising purposes*? Yes No

* Permission to include photographs, artwork, audio, and/or video to be used for TV/radio, CD's, webpages, publications and videos.

Emergency Contacts (2 Emergency contacts are **required** with all information listed; cannot be child's parents.)

Name	Relation
Local Phone Number () -	Cell Phone Number () -
Home Address	

Name	Relation
Local Phone Number () -	Cell Phone Number () -
Home Address	

State Licensing requires all Emergency Contact Information to be completed before enrollment.

Child's Name: _____

Person(s) authorized to pick up child: _____

Person(s) **NOT** authorized to visit or pick up child*: _____

*Note: Appropriate legal paperwork must be included when the custodial parent requests The Little Academy not to release the child to the non-custodial parent.

Medical Information: (REQUIRED)

Name of Child's Physician: _____ Physician's Phone Number: _____

Insurance Company: _____ Policy Number: _____

Are there any health problems that may need some special attention or consideration? _____

Allergies: _____

The Little Academy agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter, as soon as possible.

Parents must notify The Little Academy within 24 hours of child or immediate family member developing a communicable disease. Parents must notify The Little Academy **immediately** of any life-threatening disease.

In the event of an emergency, I hereby grant permission to The Little Academy to obtain immediate medical attention. Further, The Little Academy will make every attempt possible to contact me immediately after emergency care has been dispatched.

In order to complete the registration process, the custodial parent must read, sign and be willing to abide by The Little Academy's *Parent Handbook* and The Little Academy's *Tuition Agreement*. Additionally, I will provide The Little Academy with the *registration fee*, and a completed *health form (physical and immunization record)*.

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

Signature of Director Date entered care Date ended care

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Proof of identity of the child is required and NO copy will be kept. To be completed by The Little Academy staff:

Place of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:	

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), 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 U.S. that a certificated copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends public school in Virginia and the center assumes responsibility for the child directly from the 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.