

Miss Amy's LLC

Application for Enrollment Form

If your child currently attends Public School (or equivalent), you only need to complete page 1 and 2.

******ALL ADDRESSES & PHONE NUMBERS MUST BE COMPLETE******

Child's Name	Nickname	Date of Birth	Sex
Address (INCLUDING: HOUSE # AND/OR PO BOX # - STREET, TOWN/CITY, STATE, & ZIP CODE)		Home Phone # or Primary Phone #	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place of Employment	Business Phone #	Email Address
Address (INCLUDING: HOUSE # AND/OR PO BOX # - STREET, TOWN/CITY, STATE, & ZIP CODE)		Home Phone #	Cell Phone #
Mother	Place of Employment	Business Phone #	Email Address
Address (INCLUDING: HOUSE # AND/OR PO BOX # - STREET, TOWN/CITY, STATE, & ZIP CODE)		Home Phone #	Cell Phone #
Person(s) or Agency Having Legal Custody of Child			
Complete Home Address	Home Phone #	Cell Phone #	Email Address
Complete Business Address			Business Phone #

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency			
Child's Physician			Phone
Two People to Contact if Parent(s) Cannot Be Reached		Address (INCLUDE: HOUSE # AND/OR PO BOX # - STREET, TOWN/CITY, STATE, & ZIP)	
1.	1.	1.	1.
2.	2.	2.	2.
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 noncustodial parent, as an emergency contact for events occurring during school or day care activities. **032-05-252/11**

AGREEMENTS

1. The child day care center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardians will arrange to have the child picked up as soon as possible if so requested by the child day care center.
2. The parent(s)/guardian(s) authorize the child day care center 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) agree to inform the child day care 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.

SIGNATURES

_____ _____
Signature of Parent(s) or Guardian(s) *Date*

_____ _____
Signature of Administrator of Center *Date*

Date Child Entered Care: _____

Date Child Left Care: _____

**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

If proof of identity is required and a copy is not kept, please fill out the following:

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), 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 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 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.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

032-05-252/11 (06/05)

Other members of the family (brothers, sisters, grandparents, etc.) living in the home:

Name	Age	Relationship	Indicate name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child had any previous school experience? _____ If so, please give the name and type

Of school: _____ Length of attendance: _____

Does your child take a nap? _____ Morning _____ Afternoon _____

How many hours does your child sleep at night? (Approximately) _____

Is your child toilet trained? _____ Does your child use any special word for toileting? _____

If so, please state: _____

Describe your child's appetite: *always hungry* _____ *eats at mealtime* _____ *snacks* _____

Snacks all day _____ *never hungry* _____ *has to be coaxed to eat* _____

Are there any foods your child may not or cannot eat? (*Due to allergies, religious customs, etc.*) _____

If so, please list: _____

Are there any foods your child dislikes? _____ if so, please list: _____

Special Interests: Singing _____ Painting _____ Stories _____ Trucks _____ Pets _____
Records _____ Outside Play _____ Coloring _____ Other: _____

Is your child generally cooperative? _____ Shy? _____ Competitive? _____

Aggressive _____ Sensitive? _____ Submissive? _____ Angry? _____

Happy? _____ Usually does what is asked of him/her? _____ Seldom does what is asked of him/her?
_____ Whines? _____

List other behaviors and characteristics of your child: _____
