**VIRGINIA DEPARTMENT OF EDUCATION**

**CHILD CARE AND LEARNING CENTER REGISTRATION**

| Child | Nickname | Date of Birth | Sex |
| --- | --- | --- | --- |
| Address | Home 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 or Class Level |
| Emails: |  |

**PARENT(S)/GUARDIAN(S)**

| Parent | Place Employed | Work Phone |
| --- | --- | --- |
| Home Address

| Cell Phone |
| --- |

 | Home Phone |
| Parent | Place Employed | Work Phone |
| Home Address

| Cell Phone |
| --- |

 | Home Phone |
| Person(s) or Agency Having Legal Custody of Child |
| Home Address | Home Phone |
| Work Address | Work 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 Reached1. | Address (addresses must be different)1. | Phone1. |
| 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 (i) shall not be denied the opportunity to participate in any of the student's school or day

care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

**6/22 (over)**

**AGREEMENTS**

1. The CCLC 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) authorize CCLC to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately and to assume liability for medical expenses involved. \*\*
3. The parent(s)/guardians agree to inform CCLC 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. I agree to return the child to the center with a doctor’s note allowing my child to return to school, if my child is seen by a doctor for an illness.
5. I give permission for CCLC to photograph my child and possibly be included in a newspaper article, social media, or CCLC’s website.    Yes\_\_\_\_\_ No\_\_\_\_\_
6. If a child is one hour late in being picked up and emergency contacts cannot be reached the two staff members that will remain with the child will file a Child Protective Services complaint.
7. The parent/guardian gives authorization for CCLC staff to apply Aquaphor, Bag Balm or Destin Extra Strength diaper cream, Coppertone Water Babies hypo-allergenic sunscreen SPF 50 and or insect repellant OFF! Botanicals Deet free, since I am not aware of any adverse reaction. I understand that I may be asked to contribute sunscreen, diaper cream and /or insect repellant for my child that is fully labeled with first and last name. Product expiration checks will be made every spring.
8. \_\_\_\_\_\_\_\_\_I have been given a CCLC parent handbook and I agree to abide by the policies therein.

**SIGNATURES**

# Parent(s) or Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_***Administrator of Center*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

First Date of Attendance: \_\_\_\_\_\_\_\_\_\_\_ Last Date of Attendance:\_\_\_\_\_\_\_\_\_\_\_

\*\* 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):

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 § 22.1-289.049 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. **This institution is an equal opportunity provider. 10/22**