



3401 Old Halifax Rd, South Boston Va 24592

(434) 575- 1008

totsandcompany@yahoo.com

| | | | |
|---|----------|---------------|------------|
| 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 |

PARENT(S)/GUARDIAN(S)

| | | |
|---|----------------|----------------|
| Father | Place Employed | Business Phone |
| Home Address | | Home Phone |
| Mother | Place Employed | Business Phone |
| Home Address | | Home Phone |
| Person (s) or Agency Having Legal Custody of Child | | Business Phone |
| Home/Business Address | | Home 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 | Phone |
| 1. | 1. | 1. |
| 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 unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

(over)

Pre-Admission Background Information Form

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date _____

Child's Name _____ Sex: M _____ F _____
(Last) (First) (Middle)

Child's Preferred Name _____ (First, Middle or Nickname)

Complete Address _____

Phone Number _____ Birth Date _____ Age _____
m/d/y

Admission Date _____ Termination Date _____

Grade Level _____ School _____

Father's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Mother's Name _____
(Last) (First) (Middle)

Occupation _____ Company _____

Business Address _____

Business Phone # _____ Cell # _____

Is Father living? _____ Is Mother living? _____ Separated? _____ Divorced? _____

Please list persons authorized to pick up your child:

Is there anyone whom you **do not** wish to pick up your child? _____

If so, please give name and relationship to child.

Name _____ Relationship to child _____

Child's Special Interests: singing _____ painting _____ stories _____

trucks _____ pets _____ music _____

outside play _____ coloring _____ Other _____

Is your child generally:

cooperative? _____ shy? _____ competitive? _____ happy? _____

aggressive? _____ sensitive? _____ submissive? _____

angry? _____

Your child usually does what is asked of him/her? _____

Your child seldom does what is asked of him/her? _____ whines? _____

List other behaviors characteristic of your child.



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Name _____

Birth Date _____ m/d/y Sex _____

Medical History

Diseases:

| | | | |
|----------------|-------|----------------|-------|
| Asthma | _____ | Pneumonia | _____ |
| Chicken Pox | _____ | Whooping Cough | _____ |
| Heart Disorder | _____ | Diphtheria | _____ |
| Measles | _____ | Mumps | _____ |
| Rubella | _____ | Other | _____ |

Congenital Malformations _____

Allergies (drug, food, etc.) _____

Drug Sensitivities _____

Seizures _____

Comments _____

Parent's Signature _____ Date _____

Address _____ Phone # _____

AGREEMENTS

1. The child day center 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 the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the 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

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____ Date 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.