

Little Magnolias Child Care Center LLC
650 North Lee Highway, Building 35-Suite 6
Lexington, VA 24450

ENROLLMENT FORM

Child's Name: _____
Address _____
Date of Birth _____
Social Security # _____ Female ____ Male ____
Nickname _____

Father's (or Guardian) Name _____
Mother's (or Guardian) Name _____

Father's (or Guardian) Employment _____
Address _____
Occupation _____
Email Address _____
Home Phone _____ Cell _____
Work Phone _____

Mother's (or Guardian) Employment _____
Address _____
Occupation _____
Email Address _____
Home Phone _____ Cell _____
Work Phone _____

Preferred first point of contact? _____

With whom the child lives? _____

Custody Agreement in Place? Yes ____ No ____

*If so, please attach copy of agreement.

*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.

Emergency Contacts (after Preferred first point of contact):

Name (last, first) _____
Relationship to Child _____
Home Phone _____ Cell _____
Work Phone _____
Permission to be on authorized Pick Up list? Yes ____ No ____

Name (last, first) _____
Relationship to Child _____
Home Phone _____ Cell _____
Work Phone _____
Permission to be on authorized Pick Up list? Yes ____ No ____

Name (last, first) _____
Relationship to Child _____
Home Phone _____ Cell _____
Work Phone _____
Permission to be on authorized Pick Up list? Yes ____ No ____

Emergency Information:

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency
(if specific to child):

Child's Physician & Phone _____
Child's Dentist & Phone _____
Preferred Hospital _____

AGREEMENTS

1. Little Magnolias Child Care Center, LLC 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, unless otherwise documented.*
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her 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. The parent(s)/guardian(s) agree to all other center policies put into place, unless otherwise noted.

SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Director or Site Supervisor</i>	<i>Date</i>

*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**

Place of Birth _____ Birth Date _____
 Birth Certificate Number _____ Date Issued _____
 Other Form of Proof _____
 Date Documentation Viewed _____
 Person Viewing _____
 Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided) _____

Date Child Entered Care _____
 Date Child Left Care _____