

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

**ENROLLMENT FORM (After School)**

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_  
Nickname \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Potential Start Date \_\_\_\_\_

Father's (or Guardian) Name \_\_\_\_\_  
Address (If Differs from Child) \_\_\_\_\_

Mother's (or Guardian) Name \_\_\_\_\_  
Address (If Differs from Child) \_\_\_\_\_

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

Mother's (or Guardian) Employment \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Address \_\_\_\_\_  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
Permission to be on authorized Pick Up list? Yes \_\_\_\_ No \_\_\_\_

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

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

**Medical Information:**

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

\_\_\_\_\_

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed: \_\_\_\_\_

Child's Physician & Phone \_\_\_\_\_  
Child's Dentist & Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

**Previous Child Care:**

Please list any previous child care facilities or school that your child has attended or is attending currently; if none, list N/A in the first space.

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates Attended (month/year to month/year): \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates Attended (month/year to month/year): \_\_\_\_\_

## 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

\_\_\_\_\_

*Parent(s) or Guardian(s)*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Director or Site Supervisor*

\_\_\_\_\_

*Date*

\*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.

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## 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 \_\_\_\_\_