

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

ENROLLMENT FORM (Summer Camp)

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.

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 _____