

The Imagination Station

11 Taylor Avenue
Pearisburg, VA 24084
(540)921-4191

We at The Imagination Station ask you to provide the following information so that we can get to know your child and family as quickly as possible; so that we can understand your child's needs. All information will be kept strictly confidential. Your child's care is a responsibility we share. The following information listen below is mandated by law. (Excluding religion)

Enrollment Form:

Today's Date: _____

Child's Full Name _____ Date of Birth: ___ / ___ / ___

Sex: _____ Nickname: _____ Age at Enrollment: _____ Religion: _____

Father's Name: _____ Phone Number: _____

Address: _____

Email address: _____

Place of Employment and address: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Address: _____

Email address: _____

Place of Employment and address: _____ Phone Number: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

If Divorced, who has custody? _____ / Copy of Custody Papers

Emergency Information:

In the event that you cannot be reached in case of an emergency, state law mandates that we have 2 addresses and phone numbers of local people we can contact.

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

The following people are allowed to pick my child up from The Imagination Station:

_____ (name) _____ (name)

_____ (name) _____ (name)

The following people are NOT allowed to pick up my child from The Imagination Station:

_____ (name) _____ (name)

_____ (name) _____ (name)

Physician's Information:

Name: _____ Phone Number: _____

Health Information:

Does your child have any allergies or intolerance to food, medication,
or any other substances? _____ If so, what actions should we take in an
emergency situation?

Allergy: _____ Action to Take: _____

Chronic Physical Problems: _____

Pertinent Developmental Information: _____

Special Accommodations Needed: _____

Child's Personal History:

Describe your child's personality: _____

Has your child been in daycare before? _____

If so, where and was it a positive experience? _____

Does your child become upset when separated from you? _____

What can we do to help him/her adjust to our center? _____

Does he/she enjoy outside play? _____

What are you child's favorite Toys: _____

Is there anything specific he/she is afraid of? _____

Sleep: Time/Length of naps: _____ Bedtime: _____

Eating: Favorite Foods: _____ Least Favorite: _____

Food Allergies: _____

Is your child toilet trained? _____

Does he/she need adult assistance when going to the potty? _____

Does he/she have speech difficulties? _____ If so, what? _____

Does your child have temper tantrums? _____

What helps when your child is upset? _____

Does your child prefer to play with adults or children? _____

Infants Only:

Type of birth: _____

Age your child began Sitting: _____ Crawling: _____ Walking: _____

Does your child have a specific sleep schedule? _____

How does your child sleep? _____ What mood is he/she when awakening? _____

Eating Schedule: _____ Brand of Formula: _____

In the event of the need to use emergency formula, please use: _____

School Age Children Only:

Public School: _____ Grade: _____

Has she/he ever repeated a grade? _____ Do you want your child to do homework while at the center? _____

What is his/her favorite past-time _____ Does your child have permission to attend field trips?

Parent Agreement Form:

1. I agree to inform the center within 24 hours or the best business day after my child or any member of the immediate household has developed any reportable communicable disease except for life threatening diseases, which must be reported immediately.
2. I consent to the enrollment of my child _____ into The Imagination Station and if my child becomes ill, I will pick him/her up as soon as possible, or arrange for someone else to do so. I agree that if there is an accident and I cannot be reached, I give permission for emergency medical care to be given at **Giles Memorial Hospital. Phone (540)921-6000**
3. I give my advance consent for my child to take part in field trips under proper supervision, and with advance notice.
4. I agree to pay the weekly fee on Monday or Tuesday of the week due and to comply with center policies. Any fees not received on Wednesday shall be deemed late, and a \$5 late fee will be added. Any childcare fees two or more weeks in arrears are subject to being turned into a collection agency, and your childcare terminated. As stated in the parent handbook, childcare fees are due even if your child is out sick or on vacation. Any material breach or violation of a provision or provisions of the agreement shall give us the right to proceed to terminate this agreement and to exercise all other rights and remedies as provide by law. You agree that, in such event, you shall be obligated to pay our reasonably collection expenses which may include but not limited to court costs, collection fees which are charged by a collection agency at such time as the account is turned over to said collection agency, and the attorney's fees of twenty-five percent of any unpaid balance at such time as the account is turned over to an attorney for collection. A rate of 18% interest will be charged from the date of delinquency.
5. I agree to give 2 weeks notice (or pay 2 weeks child care fees) before withdrawing my child.

Parent Signature: _____ Date: _____

SSN #: _____

Parent Signature: _____ Date: _____

SSN #: _____

Director Signature: _____ Date: _____

The information in my child's record is up to date:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**The Imagination Station
11 Taylor Avenue
Pearisburg, VA 24134**

Child's Full Name: _____

Child's street address, town, and state: _____

Child's Home Phone Number: _____ Birth Date ____/____/____ Age: _____

Mother's Name: _____ Workplace/Phone#: _____

Email: _____

Father's Name: _____ Workplace/Phone#: _____

Email address : _____

Known Allergies: _____

In the event this child's parent/legal guardians cannot be reached in an emergency, the following people may be contacted:

Name:	Relationship to Child:	Phone #

The list below contains the names and phone numbers of those who have permission to pick up my child from The Imagination Station. I understand that if any of this information changes, it is my responsibility to put it in writing and notify the director. I will also notify the following people to let them know that a picture I.D. will/may be required each time they pick up my child.

The following people may pick up my child:

Name:	Relationship to Child

Signature of person filling out this form: _____

My relationship to this child: _____ Date: _____