**APPLICATION FOR ADVENT CHRISTIAN CHILDCARE CENTER**

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**8079 Studley Road, Mechanicsville, VA 23116, (804) 746-0279**

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| APPLICATION DATE: REGISTRATION PAID: |

**PERSONAL INFORMATION**

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| Name: (First, Middle,Last) Nickname: Date of Birth: Sex:  |

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| Address: Home Telephone: |
| Previous Child Day Care Programs Attended |
| If Child Attends This Center and another School Program **please give name of school** | Grade  | Phone |
| Religious Affiliation | Names and ages of other children in the home |
| **PARENTS/GUARDIAN**  | **ADDRESS** | **PLACE EMPLOYED** | **BUSINESS PHONE** | **HOME PHONE** |
| Mother’s Name |  |  |  |  |
| Father’s Name |  |  |  |  |
| Person(s) or agency having legal custody of child |  |  |  |  |
| **EMERGENCY INFORMATION (Persons to contact if parents cannot be reached, two persons must be listed)** |
| Name: | Address (Must be different addresses) | Telephone |
| 1. |  |  |
| 2. |  |  |
| Please list persons authorized to pick up child: |
| Please list persons NOT authorized to visit or pick up child (appropriate paperwork such as divorce or separation decree and custody papers must be attached if a parent is not allowed to pick up child) |
| **ALLERGIES OR INTOLERANCE TO FOOD, MEDICATIONS, ETC. (PLEASE LIST BELOW)** |
| Please list steps to be taken if allergic reaction occurs:Please list other chronic physical problems/pertinent developmental information/special accommodations which may be needed: |
| **CHILD’S PHYSICIAN** | **TELEPHONE:** |
| **PROGRAM DESIRED**  |
|  Full Day Preschool Program Half Day Preschool Program \_\_\_\_\_Five Days \_\_\_\_\_MWF \_\_\_\_\_T & Th \_\_\_\_\_Five Days \_\_\_\_\_MWF \_\_\_\_\_T & Th \_\_\_\_\_Full Time Before/After School Care \_\_\_\_\_Part time Before/After School Care Circle Days Needed M T W Th FAnticipated Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Withdrawal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Reason for Withdrawal: |
| **AGREEMENTS** |

The parent will give individual authorization for the child to participate in specific field trips.

The Childcare Center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick the child up as possible.

The parent/guardian authorizes the Child care Center to obtain immediate care if any emergency occurs when he/she cannot be located immediately. If there is objection to seeking emergency care, a statement should be obtained from the parents/guardian that states their objection and the reason for their objection.

The parent/guardian gives authorization for the child to participate in nature walks.

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Parent/Gaurdian’s Signature Date Administrator’s Signature Date

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| **FOR OFFICE USE ONLY (IDENTITY VERIFICATION)** |
| Place of Birth | Birth Date | Birth Certificate Number | Date Issued |
| Other Form of ProofProof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration care, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of child’s identity from a child placing agency, record from a public in Virginia, or certification by a principal of his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented. Viewing the child’s proof of identity is not necessary, when he child attends a public school in Virginia and the center assumes school 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. |