

**Morning Meadow at Greenwood UMC**  
**10040 Greenwood Road, Glen Allen, VA 23060**  
**804-266-5341**

Paid \_\_\_\_\_  
Cash \_\_\_\_\_

Students Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Chronic Physical Issues/Pertinent Developmental Information/Special Accommodations Needed:

\_\_\_\_\_

Previous Child Care Programs and/or Schools Attended: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

Parent/Guardian 1. \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

**EMERGENCY INFORMATION**

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Alternate emergency contacts if parents cannot be reached:

1. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name & Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Intolerance to food, Medication, etc., and action to take in emergency \_\_\_\_\_  
\_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP:**

- 1. \_\_\_\_\_ Phone Number \_\_\_\_\_
- 2. \_\_\_\_\_ Phone Number \_\_\_\_\_

**PERSONS NOT AUTHORIZED TO PICK UP:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**PHOTO RELEASE**

At Morning Meadow we routinely document the student's work and activities through videos and pictures, email or text from your child's teacher or Director, publicly on our school website or Facebook page. Should you have any objections to your child's image being displayed privately or publicly, please note below.

- \_\_\_\_\_ (Initials) No objection
- \_\_\_\_\_ (Initials) I do not wish my child's picture displayed on the Preschool's website or Facebook.
- \_\_\_\_\_ (Initials) I do not wish my child's picture be sent through text or email from my child's teacher or the Director.

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**AGREEMENTS**

To complete enrollment please bring a copy of your child's birth certificate, VA school health entrance form, which includes vaccination record by the start of the preschool year. (If your child was enrolled last year, we would already have their birth certificate on file)

The school agrees to notify the parents/guardians whenever the child becomes ill and the parents will arrange to have the child picked up as soon as possible if requested by center.

The parents/guardians authorized the preschool to obtain immediate medical care for any emergency when the parents/guardians cannot be reached immediately.

The parents/guardians agree to inform the preschool within 24 hours if his/her child or any member of the immediate household has developed a reportable communicable disease as defined by the State Health Department.

Parent Signature \_\_\_\_\_ Preschool Director \_\_\_\_\_