ENROLLMENT/REGISTRATION FORM

- INDICATE "N/A IF THE INFORMATION IF IS NOT APPLICABLE
- THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S FILE AND UPDATED OR REVIEWED ANNUALLY
- THE INFORMATION IN THE FORM IS REQUIRED BY FAMILY DAY HOME STANDARD

First Day of Attendance: ______________ **Last Day of Attendance**__________________

month / day / year   month / day / year

Child's Information

____

First Name   Middle   Last Name   Nickname(if any)   Birth date   Sex

____

Street Address   City   State   Zip Code

- If child attends school ____

Name of School   Grade

- Previous Childcare program attended ____

Name   Location

Days in care and 30 minutes window time: ☐ Part-time ☐ Full Time ☐ Before/After School ☐ Drop off

	M	Tu	W	Th	F
Drop-off time					
Pick-up time					

PAYMENT DETAILS

Enrollment fee: **$150**

Weekly Tuition:$ ___________

Payment Schedule: ☐Monthly (four weeks in advance).

☐ Bi-Weekly(two weeks in advance)

☐ Weekly(due every Friday in advance)

Proof of age and identity (must be obtained from parent within 7 business day of child's first day of attendance)

____

Place of birth   Birth Date   Birth Certificate Number   Date Issued

____

Proof of age other than Birth Certificate*   Date Documentation Viewed   Person Viewing Documentation

*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth; i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by Virginia Department of Motor Vehicles.

Notification of Local Law Enforcement Agency

(if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)

____

Date of Notification   Name of Agency Notified   Name of individual Notified

Signature:____ Date: ____________

Emergency Information

____

Mother's Full Name | DOB | Address (enter "same" if address is the same as the child's)

____

Home Phone | Cell Phone | Email

____

Employer | Work Phone | Employer's Address

____

Father's Full Name | DOB | Address (enter "same" if address is the same as the child's)

____

Home Phone | Cell Phone | Email

____

Employer | Work Phone | Employer's Address

Special instructions for reaching parents/guardians (who to contact first, cell phone or work, etc.)

____

____

Authorized Pickups and Emergency Contacts

- Emergency contacts will be called in case parents can't be reach out.
- You must provide information on at least two additional Emergency Contacts (by default parents and guardians are consider emergency contacts)
- Emergency contacts are authorized to pick up your child/ren)
- (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)

EMERGENCY CONTACT #1

Full Name:_______________________________ Phone Number:_______________________________

Address: _______________________________ Relationship to Child:_______________________________
Street. City/State. Zip Code

EMERGENCY CONTACT #2

Full Name:_______________________________ Phone Number:_______________________________

Address: _______________________________ Relationship to Child:_______________________________
Street. City/State. Zip Code

- **Indicate any additional person authorized to pick up your child. *Optional**

____(__)Yes (__)No
Full name | Phone | Address # Street. City/State. Zip Code | Relationship to Child | Add as Emergency Contact

____(__)Yes (__)No
Full name | Phone | Address # Street. City/State. Zip Code | Relationship to Child | Add as Emergency Contact

____(__)Yes (__)No
Full name | Phone | Address # Street. City/State. Zip Code | Relationship to Child | Add as Emergency Contact

Child's Full Name:________________________ Parent's Signature: ________________________ Date: ________

Child's Health Care information:

____

Child's Pediatrician | Office Address (street address) | Phone

____

Child's Dentist | Office Address (street address) | Phone

____

Hospital of Preference | Hospital Address

Name of Child's Medical Insurance______________________Policy Number________________

- Chronic physical problems/diseases; Existing medical conditions, medications, and/or special attention your child may require. Allergies and intolerance to food or other substances. Actions to take in an emergency situation:

____
____
____

- Pertinent developmental information; Special accommodations needed; Special instructions to the provider or any additional information:

____
____
____

Emergency Medical Authorization

I authorize _Tots Academy LLC/ Isabel Shanghai_ to obtain immediate care and consent to emergency. medical procedures upon, the hospitalization of, necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to ______________________________if emergency occurs and I cannot be located immediately.

Child's Full Name

It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise, I expect to be notified immediately.

The child's emergency information and the emergency medical authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.

Child's Full Name:______________________Parent's Signature: _______________________Date: _______

• CONSENT FOR CHILD'S TOILETING HELP

Toileting time will be used as a learning time by teaching self-help skills, safety and hygiene.

While children learn this process, they may need assistance or extra help to clean up after an accident or soiled-Pull-up. As well children in diapers sometimes have accidents that require extra cleaning.

Please indicate below if you grant us permission to assist your child in cleaning or in case of being necessary, wash the diaper area with warm water for his/her best hygiene.

________ I GIVE permission

________ I DO NOT permission

• PHOTO RELEASE CONSENT FORM

Dear Parents/ Guardians

Your child will be participating in various activities while attending to our program. We often take photos to share with you in the daily report, post in classroom, use or to share on our Facebook page and website as well promoting our childcare services either in print or on the internet.

As well Social Media is a great way to keep you updated on important events and our program information, while allowing others to see the fun experiences our program brings.

________ I GIVE permission to take and use my child's photos for the reasons listed above.

_______ I DO NOT give permission to take and use my child's photos for the above reasons.

Notes:____

• PERMISSION TO PARTICIPATE IN WADING ACTIVITIES

Dear Parents/ Guardians

During the summer season, we like to take advantage of the weather and plan some fun water activities, including wading. This could be a new experience for the infants or just a fun activity for toddlers and preschoolers.

________ I GIVE permission to my child to participate in wading activities

_______ I DO NOT permission to my child to participate in wading activities

Child's Full Name:______________________Parent's Signature: ______________________Date: _______

• MEDIA CONSENT

At certain times throughout the year, our program will use electronic media to watch movies, supplement the curriculum, or as a reward for positive behavior. We assure you that we will watch and listen only age-appropriate content, but since many of the movies are rated PG for Parental Guidance, we need your permission to allow your child to watch these movies or videos.

☐ I hereby grant my permission for my child to participate in activities requiring electronic media devices.

• LIABILITY INSURANCE DECLARATION

I have liability insurance coverage in force on my family day home business in an amount that meets the minimum amount established by the Virginia Department of Education ($100,000 per occurrence and $300,000 aggregate). It is effective on 09/27/2022.

☐ I acknowledge having received the above notification

• TOTS ACADEMY FAMILY HANDBOOK

As a parent/guardian, I acknowledge that I have received and reviewed the Tots Academy Family Handbook, and by signing, I agree to all the terms and conditions contained within it.

☐ I acknowledge having received the above information

Child's Full Name:____ DOB: __________________

Parent/Guardian's Name:______________________________________ Today's Date ___________

Signature:_______________________________________

1st Year Review Name:_________________________	Signature:	Date:
2nd Year Review Name: _________________________	Signature:	Date: