



Rise and Shine Daycare

10185 Main Street Fairfax, VA 22031
Phone: 703-829-0318 Fax: 914-627-0897
Email: info@riseandshinedaycare.com
Web: www.riseandshinedaycare.com

Awakening the Joys of Learning

ENROLLMENT CHILD REGISTRATION FORM

ENROLLMENT DATE: _____
START DATE FOR CHILDCARE: _____

Child's Full Name: _____	Nickname: _____
Date of Birth: ____/____/____ AGE: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address: _____	Home Phone: (____) _____
City, State: _____ Zip Code: _____	Cell Phone: (____) _____

Has your child had any previous school experience? Yes No

If so, please give name and type of school:

Name: _____ Type of School: _____
Length of attendance: _____ Grade Level: _____

Does your child have any special medical or physical needs? Yes No If so, please state: _____

Circle Days to Attend: MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

Food while in care: _____ : AM Snack PM Snack

Person or agency having legal custody of child: not applicable

Name: _____ Relationship To Child: _____

Business #: (____) _____ Cell/Home #: (____) _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Separated

Primary Residence: Mother Father Both Guardian _____

PARENT/GUARDIAN(S) INFORMATION

MOTHER/GUARDIAN

FATHER/GUARDIAN

Name: _____	Name: _____
Relationship To Child: _____	Relationship To Child: _____
Address: _____	Address: _____
City, State: _____ Zip Code: _____	City, State: _____ Zip Code: _____
Home Phone #: (____) _____	Home Phone #: (____) _____
Cell Phone #: (____) _____	Cell Phone #: (____) _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Business Address: _____	Business Address: _____
City, State: _____ Zip Code: _____	City, State: _____ Zip Code: _____
Work Phone #: (____) _____	Work Phone #: (____) _____

Please list persons authorized to pick up your child:

Name: _____ Relationship To Child: _____
 Name: _____ Relationship To Child: _____

Is there anyone whom you do not wish to pick up your child? Yes No

If so, please give name and relationship to child:

Name: _____ Relationship To Child: _____

List the family members your child lives with—include names and ages of siblings:

Name: _____	Age: _____	Relationship To Child: _____
Name: _____	Age: _____	Relationship To Child: _____
Name: _____	Age: _____	Relationship To Child: _____
Name: _____	Age: _____	Relationship To Child: _____

LOCAL EMERGENCY CONTACT

(Other than Parent/Guardian)

Person to be contacted in case of illness, accident or emergency and authorized to pick-up child from preschool if the parent(s) or guardian(s) cannot be reached (Minimum of 2 persons required):

Name	Home/Work/Cell Phone#	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Child's Physician: _____ Business #: (____) _____

HEALTH INFORMATION

List all items which your child is known to be allergic and any health conditions: _____

What action should we take in the event of an allergy/health condition emergency as listed above? _____

List any special developmental or learning needs and required accommodations: _____

AGREEMENTS

1. The child day center 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. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his 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.

Signatures:

Parent(s)/Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care

Date Left Care:

***If there is an objection to seeking emergency medical care, a statement should be obtained from the parent or guardian that states the objection and the reason for the objection

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes 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.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.