

YWCA Children's Center
8101 Wolftrap Road
Vienna, Virginia 22182

Birth Certificate # _____ Place of Birth _____

Date Issued _____ Date Document Viewed _____

Date of Birth _____ Person Viewing Documentation _____

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

Child's Information

Name _____ Nickname _____

Sex _____ Birthday _____ Previous child care experience: ____ yes ____ no

Where: _____

Home address _____

Home Phone _____ Home e-mail _____

Any Allergies? _____ Action to take in the event of an allergic reaction: _____

Parent/ Guardian Information

Father's Name _____ Place Employed _____

Work Phone _____ e-mail _____

Work address _____

Home Address If Different From Child _____

Home Phone _____ e-mail _____

Cell Phone _____

Mother's Name _____ Place Employed _____

Work Phone _____ e-mail _____

Work Address _____

Home Address If Different From Child _____

Home Phone _____ e-mail _____

Cell Phone _____

Who Has Legal Custody Of The Child? _____

Emergency Information

Name of Child's Physician _____ Phone _____

Name of Person to Contact if Parents Cannot Be Reached _____

Relation to Child _____

Address _____

Phone _____

Phone number for an emergency contact not in area code 703, 540, 434, 757, 571 and 804:

Name of Contact _____ Relationship _____

Phone Number: _____

Person (s) Authorized to Pick Up Child _____

Person (s) Not Authorized to Pick Up Child _____

If Child Attends This Center and Another School Also, Give the Name of the School.

Name _____ Grade _____

Phone Number _____

Agreements

1. The parents will give individual authorization for the child to participate in specific field trips.
2. The Child Development Center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible.
3. The parent/guardian will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
4. The parent/guardian authorizes the Child Development Center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

Special Authorization Confirmed _____ Yes _____ No

Other: _____

Signatures:

Parent/ Guardian: _____ Date _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

*NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

EMERGENCY INFORMATION

PERSON (S) NOT AUTHORIZED TO VISIT OR PICK UP CHILD

If child attends this center and another school also, give name of the school

_____ Grade _____ Phone _____

EMERGENCY INFORMATION

Below are the names of at least two people to contact if parents cannot be reached in the event of an emergency.

1. Name of Person _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship to the child _____

2. Name of Person _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship to the child _____

3. Name of Person _____

Address _____

City _____ State _____ Zip _____ Phone _____

Relationship to the child _____

Parent/guardian signature

Date