

# OLD DOMINION DAY SCHOOL - REGISTRATION FORM

74 Barclay Place Court Charlottesville, Virginia 22901 434-977-0511

## Family Information:

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male Female Race: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County/City of Residence: \_\_\_\_\_

Father Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County/City of Residence: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County/City of Residence: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

## Emergency & Medical Information:

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

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

Chronic physical problems and pertinent developmental information: (including, but not limited to, allergies, intolerance to food, prescribed medications, other): \_\_\_\_\_

The parent(s)/guardian(s) authorize OLD DOMINION DAY SCHOOL INC. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if and emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately. I/We will be responsible for payment of medical care expenses.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**EMERGENCY CONTACTS:** List three names, addresses, and phone numbers persons to contact if parent/guardian cannot be reached. These persons may be contacted in case of any emergency situation. You authorize these persons to pick-up your child from the center.

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

**PERSONS AUTHORIZED TO PICK UP CHILD:** These individuals must be adults. By listing these persons, you grant the center permission to release the child into their care. It is the parent/guardian responsibility to notify the center in writing of any changes to this list.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

**PERSONS UNAUTHORIZED TO PICK UP CHILD:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**LEGAL CUSTODIAL STATUS OF THE CHILD AT ENROLLMENT:** In the event that both parents do not have custody, a copy of custody papers is required at the time of enrollment or as status of custody changes during the period of time that the child is enrolled at the center.

Both Parents  Father Only  Mother Only  Foster Parent  Other: \_\_\_\_\_

**School Information:** If this child has attended another school or center, please list below.

Name: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL AGREEMENTS:**

- 1) The parent/guardian agrees to abide with center policies as outlined in the center contract and parent handbook.
- 2) The parent/guardian authorizes the center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
- 3) The center agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick-up the child as soon as possible after notification.
- 4) The parent/guardian gives authorization for the child to participate in field trips and center transportation.
- 5) The parent/guardian agrees to inform the center within 24 hours or the next business day after the 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.
- 6) The parent agrees to provide current and updated documentation of immunizations as required by law to the center.
- 7) I understand the center *does not* administer medications except those required for emergencies or by law.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Center Official: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date of Enrollment: \_\_\_\_\_

Termination Notice Given YES NO Date of Termination \_\_\_\_\_