

FootPrints DayCare & PreSchool

244 Purdy Road
Emporia, VA 23847
434-634-2390

Identification and Emergency Information

Name of Child: _____

Date of Birth _____ SS#: _____

Sex: _____ Male _____ Female

Address _____

City, State, Zip _____ Home Ph.# _____

Child's Physician _____ Phone # _____

Parent Information

Mother _____ S.S.# _____

Employment _____ Work Ph. # _____

Home Address _____ email: _____

Home Phone # _____ Cell# _____ Accept Text: yes / no

Cell Provider:

Father _____ S.S.# _____

Employment _____ Work Ph. # _____

Home Address _____ email: _____

Home Phone # _____ Cell# _____ Accept Text: yes / no

Cell Provider:

Persons to be called in case of Emergency (other than Parent)

Name _____

Relationship to child _____

Address _____ Phone # _____

Name _____

Relationship to child _____

Address _____ Phone # _____

OFFICE USE ONLY: Enrollment Date: _____

Starting Date: _____ End Date: _____

Person Authorized to pick up child:

Under NO circumstances will Child be released to anyone not on this registration form. Please make sure if there are any changes, we will be notified.

NOTE: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.

Custody Arrangements: _____

Communicable Diseases

I _____ (Please Print), parent of _____ will notify FootPrints DayCare & PreSchool within 24 hours or the next business day after his/her 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.

Parent or Legal Guardian _____ **Date** _____

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Medical Authorization For _____

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize the above named center, into whose care the above named minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named center to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unavailable to be contacted.

Dated _____

Parent or Legal Guardian _____

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FootPrints DayCare & PreSchool agrees to notify me (parent / guardian) whenever the child becomes ill, and I agree to pick up my child thereafter as soon as possible. I authorize the staff at FootPrints DayCare & PreSchool to obtain immediate medical care if any emergency occurs when I cannot be located immediately.

I hereby grant permission for the Director or Acting Director to take necessary steps to obtain emergency medical care if needed. These steps may include, but are not limited to, the following:

- 1. Attempt to contact a person of guardian, the child's physician, or the person listed on the emergency information form.**
- 2. If we cannot contact you or your child's physician we will do one or both of the following.**
 - a. Call another physician or paramedics**
 - b. Have the child carried to an emergency hospital in the company of a staff member.**
- 3. Any expenses incurred under #2, above, will be borne by the child's family.**
- 4. The center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.**

Parent or Legal Guardian_____ **Date**_____

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Name of Child: _____

Date of Birth _____ SS#: _____

Sex: _____ Male _____ Female

Address _____

City, State, Zip _____ Home Ph.# _____

Birth Certificate # _____ Where Born _____

Number of days child attending per week _____

Child will arrive at approximately _____ AM/PM

Child will leave at approximately _____ AM/PM

Schools, Programs child concurrently
attending: _____ Grade Level _____

Schools, Programs child previously attended _____

Family and Social History

Name child is called _____

Is child right or left handed? _____

Dietary restrictions _____

Favorite indoor play activity _____

Favorite outdoor play activity _____

Any special fears that you are aware of? _____

Speech Problems? _____

Any other problems that we should be aware of?

Child's personality? _____

Health History of Child

Illnesses had? Age? _____

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____

Tick Fever _____ Seizures _____

Does your child have colds frequently? _____

Tonsillitis frequently _____ Earaches frequently _____

Stomach aches frequently _____ Headaches _____

Does child vomit easily? _____

Does child run high fevers easily? _____

Has child had any serious accidents? _____

Explain _____

Is child allergic? _____ If yes, to what items _____

What are child's reactions to these items and actions to be taken if needed _____

Any child with special health care needs who has a chronic physical, developmental, behavioral or emotional condition that is expected to last 12 months or more and who require health and related services of a type or amount beyond that required by children generally needs to have a written medical form from the child's physician. The physician needs to note any services that we may need to perform in detail.

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The status of _____ from September 01,2017 through August 31, 2018 while attending FootPrints DayCare & PreSchool will be:

FULL TIME:	YEAR ROUND <input type="checkbox"/>		OTHER:	PART TIME <input type="checkbox"/>
	10 MONTH <input type="checkbox"/> (School Year)			DROP IN <input type="checkbox"/>
				MORNING ONLY <input type="checkbox"/>
				PRESCHOOL ONLY <input type="checkbox"/>
CONTRACT CYCLE:	WEEKLY <input type="checkbox"/>		DAYS OF WEEK:	MONDAY <input type="checkbox"/>
	BI-WEEKLY <input type="checkbox"/>			TUESDAY <input type="checkbox"/>
	MONTHLY <input type="checkbox"/>			WEDNESDAY <input type="checkbox"/>
				THURSDAY <input type="checkbox"/>
SCHOOL AGE:	MORNING <input type="checkbox"/>			FRIDAY <input type="checkbox"/>
	AFTERNOON <input type="checkbox"/>			ALL <input type="checkbox"/>
	BOTH <input type="checkbox"/>			
SCHOOL CHARGE	IN SCHOOL CHARGE _____		Family DSS Co-Pay _____	
	OUT SCHOOL CHARGE _____			

The charge is _____ per week, deducted per contract cycle, even if my child does not attend because of sickness, vacations, holidays, or emergency closings.

I hereby agree to comply with the rules and regulations of FootPrints DayCare & PreSchool regarding fees, attendance, health, clothing, and other items specified on the back of this agreement and in the Parent's Handbook, issued by the center. I am aware of the scheduled center holidays.

Mother / Legal Guardian Signed: _____ Date : _____

Mother / Legal Guardian Printed: _____

Father / Legal Guardian Signed: _____ Date: _____

Father / Legal Guardian Printed: _____

CHART UP-DATED _____

Payments of fees will be deducted out of a checking or savings account on Friday of each week for weekly contracts, every other Friday for bi-weekly contracts and the 1st (first) of the month for the amount of Fridays within the appropriate month. There will be a \$30.00 service charge for insufficient funds (NSF's). Full payment is due each week even if the child is not at the center due to holidays, sickness or other reasons. If a stop payment is processed on any amount due before the appropriate account is debited it will be an additional charge of \$100 applied and legal action will be taken.

Year-round enrollees will be allowed a maximum of one (1) week "free vacation" per contract year. Children must be enrolled full time at least eight (8) months before they are eligible for a vacation. "Vacation" is considered one full week (Monday through Friday) when the child is not at the center. If child is withdrawn or changes status within 3 months and a vacation has been taken, the fee for the credited vacation will be due.

For part-time enrollees, you are not allowed to switch days unless it is a permanent switch. If you wish to add a day, you may do so and pay the additional fee. Children who are enrolled part-time and add days to a specific week will be charged additional "daily" rates, to a maximum of "drop-in week" fee.

We require a **one-week** advance notice of withdrawal. This must be given to the administrator in writing. A regular one-week tuition will be required.

There will be a **late charge** for any child picked up after closing time (6:00 p.m.). The minimum late charge will be \$15.00 for 1-10 minutes, \$2.00 per minute for 11-60 minutes. **The center check-in clock will be the official time device not personal timepieces.** After 60 minutes, Social services will be called.

Correspondence will be provided on changes to policies, procedures and current need to know items by **E-mail**. Please provide a valid E-mail for your Child.

Parent / Guardian: _____

My child, _____ has permission to attend field trips and to be photographed for display on bulletin boards, brochures, web sites and newspapers from September 01, 2017 through August 31, 2018, while attending FootPrints DayCare & PreSchool.

Date: _____

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____