Registration/Emergency Information Form
Great Beginnings Preschool

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Child's Name _____ Nickname _____

Address _____ Town, State, Zip _____

Birth date _____ Sex: M/F   Home Phone _____

Email Address _____

Chronic Physical problems/pertinent developmental information or special accommodations needed:

_____

_____

Household members and relationship: _____

Names and ages of siblings _____

Pets (name and type)?_____

Mother/Guardian's Name_____   Father/Guardian's Name_____

Address_____   Address _____

_____   _____

Phone (H) _____(W)_____   Phone (H)_____(W)_____

(c)_____   (C)_____

Place of Employment_____   Place of Employment_____

Parents may not be the emergency contact; they will always be called first. One emergency contact must be a <u>local</u> contact and be able to pick child up if parents can not be reached.

Emergency Contact #1_____ Home phone _____

Address_____ Work phone _____

Relationship_____ Cell phone _____

Emergency Contact #2 _____Home phone _____

Address_____ Work phone _____

Relationship_____ Cell phone _____

Physician's Name _____ Phone _____

Is your child under a physician's care or taking medication on a continuing basis? _____

If yes, please explain _____

Does your child have allergies? _____ If yes, please describe _____

_____

Other medical conditions or special needs_____

_____

Great Beginnings Preschool Agreement

1. The parent/guardian gives authorization for the child to participate in walking field trips on and off site. _____YES   _____NO

2. The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the school.

3. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when he cannot be located immediately.

4. The parent/guardian agrees 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/Guardian_____ Date_____

Director _____ Date_____

Date child entered school_____   Date child left school _____

OFFICE USE ONLY IDENTITY VERIFICATION

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): _____

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, record from a public school in Virginia, or 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. 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 maintained 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.