

Class Days/time-choice 1: _____

Lord of Life Member: yes no

Class Days/time-choice 2: _____

**Lord of Life Preschool (2010-2011)
REGISTRATION FORM**

Child's Name _____ Date of Birth _____ Sex _____

Child's Preferred Name _____ E-Mail contact _____

Address _____ Home Phone _____

PARENTS/GUARDIAN

Father's Name Place Employed Business Phone

Home Address Home Phone

Mother's Name Place Employed Business Phone

Home Address Home Phone

Chronic Physical Problems/ Development Information/Special Accommodations

Previous Child Day Care Program and School Attended

Other Programs Currently Attending

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency

Child's Physician Physician's Phone

AGREEMENTS: Please initial each item and then sign at bottom

1. The preschool 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 preschool.
2. The parent/guardian authorizes the preschool to obtain immediate medical care if any emergency occurs when he cannot be located immediately.*
3. The parent/guardian agrees to pay tuition on the first of each month for nine months. The parent/guardian agrees to provide one month written notice prior to withdrawal.
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.
5. Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. 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 must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during the school day.
6. The parent/guardian gives our/my permission for the distribution of our address, email address, and telephone number to the other parents of children enrolled in Lord of Life Preschool (addresses/phone numbers will be not be given out for commercial purposes). Please contact office if you wish regarding information you do not wish distributed.
7. A non-refundable Registration Fee of \$120.00 is required with this application.

Parent or Guardian

Date

Preschool Administrator

Date

Date Enrolled: _____

Date Withdrawn: _____

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

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth

Date of Birth

Birth Certificate Number

Date Issued

Other Form of Proof _____ Initials of staff: _____

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. 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.

Check #/Date:

Written confirmation date: