Calvary Child Development Center

2019/2020 Child Enrollment Registration Form

Please complete one registration form per student.

Name	Nickname	Date of Birth	Sex
Address		Home Phone	

PARENT(S) / GUARDIAN(S)		
Father	Place Employed	Business Phone
Home Address		Home Phone
Email Address		Cell Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Email Address		Cell Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION		
Allergies to Food, Medication, etc. and Actions to take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot be reached (local please)	Address	Cell Phone
1	1	1
2	2	2
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child*		

• 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 *Code of VA* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a child care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during child care activities.

Calvary Child Development Center (CCDC) - 1380 N. Mallory Street, Hampton, VA 23663

AGREEMENTS

1. CCDC agrees to notify the parent(s)/guardian whenever the child becomes ill and the parent(s)/ guardians will arrange to have the child picked up as soon as possible if so requested by CCDC.
2. The parent(s)/guardian authorize CCDC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian cannot be located immediately. **
3. The parents(s)/guardian agree to inform CCDC within 24 hours or the next business day after his/ her 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 report immediately.

SIGNATURES

Parent(s) or Guardian	Date
Parent(s) or Guardian	Date
CCDC Director	Date

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian that states the objection and the reason for the objection.

OFFICE USE ONLY

Date Child Entered Care: _____ Date Child Left Care: _____

- ☐ Child Registration Form
- ☐ Copy of Birth Certificate
- ☐ Tuition and Policy Agreement
- ☐ Payment Option Form
- ☐ School Entrance Form