

DEEP CREEK COUNTRY DAY SCHOOL CHECK OFF LIST

CHILD'S NAME _____ DOB _____

PROGRAM PLACEMENT _____ STARTING DATE _____

NEW STUDENT _____ RE-ENROLLMENT _____ UPDATE _____

CHECK OFF LIST FOR ALL NEW FILES:
(Completed and signed by parent / guardian)

1. Registration Form _____

2. Enrollment Agreement _____

3. Parent Agreement _____

4. Permission for Medical Treatment _____

5. Information Sheet _____

6. Medical Exam & Immunization Form _____

Signed by Doctor _____

7. Telephone Index Card Prepared _____

8. Copy to Classroom _____

9. Birth Certificate _____

Planning Council: YES _____ NO _____

Social Service: YES _____ NO _____

1. SSN Number of Child: _____

2. Case Number: _____

3. Approved by: _____ Date: _____

Registration Fee: \$ _____ Date Paid: _____

1st Week Tuition: \$ _____ Date Paid: _____

Data Entered into Computer System by: _____ Date: _____

All Documents Attached: _____ Date: _____

Reviewed & Approved by: _____ Date: _____

Pull Old File for Re-enrollment

**DEEP CREEK COUNTRY DAY SCHOOL
CHILD EMERGENCY INFORMATION CARD**

**718 Shell Road, Chesapeake, VA 23323
(757) 485-1701**

Child	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program		Grade	
PARENT(S)/GUARDIAN(S)			
Father	Place Employed	Business Phone	
Home Address		Home Phone	
Mother	Place Employed	Business Phone	
Home Address		Home Phone	
Person(s) or Agency Having Legal Custody of Child			
Home Address		Home Phone	
Business Address		Business Phone	
EMERGENCY INFORMATION			
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency			
Child's Physician		Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	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. *NOTE: Section <u>22.1-4.3</u> of the <i>Code of Virginia</i> states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.			

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardian(s) agree 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.

_____ Parent(s) or Guardian(s) _____ Date

_____ Administrator of Center _____ Date

Date Child Entered Care: _____ Date Left Care: _____

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

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

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): _____
Date

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 (foster care and adoption agencies), record from a public school in Virginia, 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 or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. 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 retained 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.

032-05-252/11 (06/05)

Deep Creek Country Day School
ENROLLMENT AGREEMENT

Child's Name _____

Start Date _____

Enrollment Status:

New Student _____

Re-enrollment _____ Update: _____

Program Placement:

____ Infant Program
____ Toddler Program
____ 2 Yr. Old Program
____ 3 Yr. Old Program
____ 4 Yr. Old Program
____ School Age Program

Enrollment Option:

____ Full-Time
____ Part-Time
____ Morning Preschool
____ Before School Only
____ After School Only
____ Before & After School

Days of Attendance: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

HOURS OF OPERATION: 6:00a.m. – 6:00p.m.

Anticipated Daily Schedule: Arrival Time: _____ Departure Time: _____

Name of School Child Attends: _____ Grade: _____

Transportation Required:

____ To School
____ From School
____ To & From School

Parent/Guardian Signature

Date

Director's Signature

Date

Administrator's Signature

Date

For Office Use Only

Parent's Orientation Date: _____ Staff Member: _____

Child's First Visit: _____ Child's Second Visit: _____

Date Child Admitted for Care: _____

Registration Fee: \$ _____ Date Paid _____ Check#: _____ Cash Receipt # _____

1st Week's Tuition: \$ _____ Date Paid _____ Check#: _____ Cash Receipt # _____

Date of Two Weeks Written Termination Notice: _____

Date of Termination: _____

Reason for Termination:

Deep Creek Country Day School
PARENT AGREEMENT FORM

1. I have been informed that a Parent Information Handbook is available online at www.childrenpalaces.com and agree to comply with all of the operating policies, procedures and state regulations as outlined in the handbook.
_____YES _____NO

2. I agree to honor all financial commitments to the Deep Creek Country Day School on a weekly basis, unless other arrangements have been made with the Administrator. **These financial responsibilities include the annual registration fee, tuition fees, late payment fees, late pick-up fees, returned check fees, court fee and attorney's fee (35% of my total balance) related to debt collection of my balance.**
_____YES _____NO

3. I agree to provide the necessary supplies needed by my child on a daily basis. If applicable, I agree to pay a supply fee for diapers, formula, or baby food if my child's supply of these items becomes depleted.
_____YES _____NO

4. I give permission for my child to receive periodic developmental assessments to allow for individualized lesson planning by the teachers and to screen for special developmental needs.
_____YES _____NO

5. I give permission for my child to participate in all aspects of the educational program, including the use of age-appropriate playground equipment and participation in walking field trips on the school grounds and in the nearby residential area. I understand that I will be notified in advance of field trips for 3-5 year-old children which require motor vehicle transportation and I will have an opportunity to allow or disallow my child's participation in those field trips.
_____YES _____NO

6. I agree to abide by the illness criteria of the school and will pick up my child immediately when notified that my child is ill. I agree to return my child to the center only after the illness criteria for returning to school has been met.
_____YES _____NO

7. I agree to furnish the required medical immunization records, signed by a licensed physician, to the school prior to my child's enrollment in school.
_____YES _____NO

8. I agree also to provide the required physical examination and updated immunization records as required by the State Board of Health and outlined in the Parent's Handbook.
_____YES _____NO

9. I agree to pick up my child immediately if he or she demonstrates uncontrollable behavior, if my child becomes overly distraught with separation anxiety, or if my child threatens the well-being of the other children.
_____YES _____NO

10. I agree to give two weeks written notification of termination. If I do not, then I agree to pay the equivalent of two weeks' tuition upon my child's withdrawal from school.
_____YES _____NO

Parent's Signature

Date

Deep Creek Country Day School
PERMISSION FOR MEDICAL TREATMENT

Child's Name _____ DOB _____ Age _____

I authorize the Deep Creek Country Day School staff to obtain emergency medical treatment for my child _____, in the event of an accident or the acute illness of my child. In the event that it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician called or to whom my child is taken, for treatment by him/her or to administer drugs or medication, and to perform such surgical treatment as he/she shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well-being.

Costs incurred with are related to an injury while my child is participating in the Deep Creek Country Day School activities will be covered by the school's special accident insurance plan. Costs incurred which are related to an acute illness will be covered by me or my health insurance plan.

Parent/Guardian Signature

Date

Home Telephone Number

Work Phone Number

Director's Signature

Date

Administrator's Signature

Date

Physician to be called in an Emergency: _____

Address: _____ Telephone: _____

Preferred Hospital: _____

Dentist to be called in an Emergency: _____

Address: _____ Telephone: _____

Parent's Medical Insurance Company: _____ Policy No. _____

Child's Allergies:

_____ None

_____ Medication

1. _____

2. _____

_____ Bee Sting

_____ Food

1. _____

2. _____

_____ Other

1. _____

2. _____

Child's Special Problems:

_____ None

_____ Asthma

_____ Convulsions

_____ Diabetes

_____ Other (Please Explain): _____

Deep Creek Country Day School

IT'S THE LAW

1. The State of Virginia requires that you provide us with a Certified Copy of your child's birth certificate within 7 days of enrollment, and:
2. A list of all other day care centers and schools that your child has attended since birth.

Please include a copy of your child's birth certificate and list the day care centers and schools that your child has attended below. If your child has NOT attended a day care or school prior to enrolling in Deep Creek Country Day School, please indicate with the word "none." This sheet is to be returned with your registration forms.

Day Care Centers:

Schools:

Signature of Parent/Guardian

About USDA Child Care Food Program Income Eligibility Guidelines

Dear Parent or Guardian:

Deep Creek Country Day School participates in the U. S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. The statement will be filed as confidential information. Although all children enrolled in our center receive their meals free of charge, this information is necessary to determine the amount of federal funding received by our center for the meals served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you receive Food Stamps or benefits under the Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your Food Stamp case number or your TANF case number in Part 3A and sign and date the statement in Part 4. This means that your child is "categorically eligible" and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Part 3B must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Part 4.

If this application is for a foster child, please complete Parts 2 and 4 only. A foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for free meals regardless of your household income. If you have a foster child, please contact our office for additional information before completing the application.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, national origin, age, and disability. There is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD).

Thank you for your cooperation.

(See reverse for Income Guidelines)

CACFP CHILD CARE CENTER ENROLLMENT FORM

_____ Age or DOB _____ is enrolled at:

Name of Child

Name of Center: Deep Creek Country Day School

Address of Center: 718 Shell Road, Chesapeake, VA 23323

Starting on _____
(Month/Day/Year)

Normal Days In Child Care: **M T W TH F SAT SUN** (circle all that apply)

Normal Hours in Care: from _____ to _____

Normal Meals Expected to be Served Daily: **Breakfast** ___ **AM Snack** ___

Lunch ___ **PM Snack** ___ **Dinner** ___ (check all that apply) Please explain any

unusual circumstances related to child's attendance at center:

Signature: _____ Date: _____

(Parent/Guardian)

Optional fields for parent/guardian:

Address _____ Telephone No. _____

For Center Use Only:

Participant Withdrew on _____

(Date)