

# Culpeper County Child Care

## REGISTRATION

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Circle sex of child    Male    Female    Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Previous child care Program: \_\_\_\_\_

Person(s) or Agency having Legal Custody of Child \_\_\_\_\_

### Father's Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager # \_\_\_\_\_

Work hours: \_\_\_\_\_ until \_\_\_\_\_

### Mother's Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager # \_\_\_\_\_

Work hours: \_\_\_\_\_ until \_\_\_\_\_

Name, Address, and Telephone numbers of two (2) persons authorized to pick our child in case of an Emergency

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**\*\*\*YOUR CHILD WILL NOT BE PERMITTED TO LEAVE WITH ANY PERSON(S) NOT PREVIOUSLY APPROVED BY PARENT OR GUARDIAN. NO EXCEPTIONS!!!!!!!!!!!!!!!!!!!!!!**

*Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up child.*

Date daycare is to begin \_\_\_\_\_

Names of person(s) who **ARE**  
Permitted to pick up your child

\_\_\_\_\_  
\_\_\_\_\_

Names of person(s) who **ARE NOT**  
permitted to pick up your child

\_\_\_\_\_  
\_\_\_\_\_

Child's physician:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**A copy of your child's immunization records and recent physical must be provided before care can begin.**

Does child have any allergies to food or medication? YES NO

If yes explain: \_\_\_\_\_

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Is child currently taking any medication? YES NO If yes complete:

Medication: \_\_\_\_\_ When given: \_\_\_\_\_

What is Medication for? \_\_\_\_\_

Does child have any medical condition that may prevent him/her from participating in physical activities? \_\_\_\_\_

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If your child becomes ill or injured you will be notified and must arrange to have your ill child picked up immediately. Illnesses include, but are not limited to, fever, diarrhea, vomiting, Rashes (unless being treated by a doctor), and upset stomach.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreements...**

1. The child daycare center 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 center.
2. The parent/ guardian authorizes the child daycare center to obtain immediate medical Care if any emergency occurs when parent/guardian cannot be located immediately.
3. I agree to inform Culpeper County Child Care within 24 hours or the next business day after my child or any member of our immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which will be reported immediately.

**Signatures**

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**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 parents or guardian that states their objection and the reason for their objection.

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Office use only  
Identity Verification

Place of Birth:\_\_\_\_\_

Birth Date:\_\_\_\_\_

Birth Certificate Number:\_\_\_\_\_

Date Issued:\_\_\_\_\_

Other Form of Proof:\_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth registration card, notification of birth ( hospital, physician or midwife record), passport, copy of the placement agreement or proof of the child's identify form a child placing agency, Record from a public school in the U.S. that a certified copy of the child's 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 of the child directly to 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

## EMERGENCY MEDICAL AUTHORIZATION

Name of Child: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Person to be notified when parent cannot be reached in the event of medical emergency.  
Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

The parent/guardian authorizes the Culpeper County Child Care program to obtain immediate medical care And consents to the hospitalization of the performance of necessary diagnostic test upon the use of surgery on, and/or the administration of medication to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when the parent/guardian cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.

**I/we will be responsible for payment of medical expenses:**

Name: \_\_\_\_\_  
Medical treatment costs are covered by: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_  
Other Medical Insurance: \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Child's Physician: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form will be kept by Culpeper County Child Care and will be taken with the child to the hospital or clinic in case of emergency.**

**CULPEPER COUNTY CHILD CARE**

Katreice Williams, Director  
1401 Old Fredericksburg Road  
Culpeper Va. 22701

(540)829-2124  
(540)829-2057 (fax)

**CHILD ENDANGERMENT RELEASE POLICY**

Culpeper County Child Care's program will follow these procedures in releasing children from the centers, if the staff suspects that the adult picking up the child is under the influence of alcohol, drugs, or misused medication:

**Step one** Staff will review the signed "Child Endangerment Release Policy"

**Step Two** If the adult insists on taking the child from the center, a staff member will immediately call in a "Child Abuse Report" to protective Services and/or to the police

**Step Three** A staff member will then call their supervisor and / or the administrator to inform them of the incident

**Step Four** A staff member will document the incident on the "Child Abuse Report" Form and send it to the Program Director

**I HAVE READ AND UNDERSTOOD THE ABOVE CHILD ENDANGERMENT POLICY**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Culpeper County Child Care**

1401 Old Fredericksburg Road

Culpeper Va. 22701

(540)829-2124 phone

(540)829-2057 fax

Dear Parents:

From time to time, Culpeper County Child Care would like to recognize students for special accomplishments by putting their names and/or picture in the newspaper. This letter is for your approval for using your child name or picture in the newspaper, on television, or video when the occasion presents itself. Please sign and return this form to the school if you have no objections.

I hereby give permission for my son/daughter. \_\_\_\_\_

Name and/or pictures to be used for special accomplishment or projects during the summer  
And school year. I understand that this is a positive way of giving my child recognition.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

# Emergency and Identification Information

(TO be completed by the parent or guardian and updated recertification and as changes occur)

**I** Family Information

Child's Name (last name first): \_\_\_\_\_ Birth date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_

**II**

Name of persons authorized to take the child from the facility (They will not be allowed to leave with Any other person without written authorization form parent or guardian.)

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____

**III**

Additional persons who may be called in emergency to take child from facility

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____

**IV.**

Physician to be called in emergency:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

If physician cannot be reached, what action should be taken? \_\_\_\_\_

\_\_\_\_\_

**V.**

Medical Insurance: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

**VI.**

Allergies or other medical limitations \_\_\_\_\_

**VII.**

Permission for Medical Treatment. Administrative procedures vary among medical personnel And medical facilities with regard to provision of medical care for the child in the absence of the parent. The exact procedure required by the physician or hospital to be in emergencies should Be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the Culpeper County Child Care program to take my child to the above named physician or to the nearest emergency hospital For such emergency treatment and measures as are deemed necessary for the safety protection of the child, at my expense.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Culpeper County Child Care Payment Agreement

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Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

**Mothers Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # home \_\_\_\_\_ Work \_\_\_\_\_ cell \_\_\_\_\_  
Social Security Number \_\_\_/\_\_\_/\_\_\_\_\_

**Father's Information** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # home \_\_\_\_\_ Work \_\_\_\_\_ cell \_\_\_\_\_  
Social Security Number \_\_\_/\_\_\_/\_\_\_\_\_

**Payment Agreement:**

I agree to make my weekly payments on time. I understand that if I get behind on payments that My child will lose his/her childcare slot and I will be responsible for any unpaid amount.  
I understand that if it is not paid in full within 30 days my account will be sent to collections.

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date