



The CHILD CARE and LEARNING CENTER

12763 Lee Hwy. P.O. Box 520 Washington, Virginia 22747 (540) 675-3237

AGREEMENTS

- The Child Care and Learning Center agrees to notify the parent/guardian whenever the child becomes ill and the parent or guardian will arrange to have the child picked up as soon as possible if so requested by the center.
- I give CCLC emergency medical authorization when parents cannot be located immediately to obtain medical care if any emergency occurs and to assume liability for medical expenses involved.
Yes ___ No ___
- I give permission for CCLC to photograph my child and possibly be included in a newspaper article, social media, or CCLC's website. Yes ___ No ___
- If a child is one hour late in being picked up and emergency contacts cannot be reached the two staff members that will remain with the child will file a Child Protective Services complaint.
- The parent/guardian gives authorization for CCLC staff to apply hypo-allergenic sunscreen with a minimum SPF 15 and or insect repellent designed for children, since I am not aware of any adverse reaction. I understand that I may be asked to contribute sunscreen and /or insect repellent for my child.
- I agree to let CCLC know when my child or immediate household member has a reportable communicable illness or disease within 24 hours or the next business day, as defined by the State Board of Health, except for a life-threatening disease which must be reported immediately.
- I agree to return the child to the center with a doctor's note allowing my child to return to school, if my child is seen by a doctor for an illness.

_____ I have been given a CCLC parent handbook and I agree to abide by the policies therein.

_____ My child is enrolled in the morning program.

_____ My child is enrolled in the full day program.

_____ My child is enrolled in the afterschool program.

Parent(s) or Guardian(s) Signature	Date
Administrator of Center	Date

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

OFFICE USE ONLY - IDENTITY VERIFICATION

PLACE OF BIRTH	BIRTH DATE	BIRTH CERTIFICATE #	DATE ISSUED
OTHER FORM OF PROOF	DATE DOCUMENTATION VIEWED	PERSON VIEWING DOCUMENTATION	
Date Child Entered Care	Date Child Left Care		

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 for a public school in Virginia, or certification by a principal or his/her 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.

Enrollment Registration Form



The CHILD CARE and LEARNING CENTER

12763 Lee Hwy. P.O. Box 520 Washington, Virginia 22747 (540) 675-3237

Child	Nickname	Sex
Address (physical and mailing address)		Home Phone
Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed		Birth Date
If Child Attends this Center and Another School/Program, Give Name of School/Program		Grade
Emails:		

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address	Cell Phone	Home Phone

Mother	Place Employed	Business Phone
Home Address	Cell Phone	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 Be Taken in an Emergency	
Child's Physician	Phone
Health Insurance Police Name	Policy Number
Names and Addresses of Two People To Contact if Parents Cannot Be Reached	
1. Complete Physical Address:	Phone
2. Complete Physical Address:	Phone

In addition to above contacts. Other 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.