

D.O.E.
Program
D.O.W

GOOD BEGINNINGS SCHOOL

24194 Millstream Drive Aldie, VA 20105

Child Registration Application

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
Child lives with, names and relationship (siblings, parents, etc.)			
Primary Language Spoken at home			
Cultural information you would like for GBS to know			

PARENT(S)/GUARDIAN(S)

Father	ssn:	Place Employed	Business Phone
Home Address			Cell Phone
Email address			Home Phone
Mother	ssn:	Place Employed	Business Phone
Home Address			Cell Phone
Email address			Home Phone
Person(s) or Agency Having Legal Custody of Child			
Home Address			Home Phone
Business Address			Business Phone

EMERGENCY INFORMATION

Allergies, Intolerance, or preferences 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 and their relationship to child	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.

AGREEMENTS

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 school. The parent/guardian also agree to inform the school 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.

Authorizations

1. 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. **
2. The parent/guardian gives authorization for the child to participate in field trips and shall be given the opportunity to have the child abstain any field trip(s).

SIGNATURES

Parent or Guardian

Date

Administrator of Center

Date

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

How did you hear about GBS?

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

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.