

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

GOOD BEGINNINGS SCHOOL
 11501 Sunrise Valley Drive □ Reston, VA 20191
 (703)758-8811

REGISTRATION APPLICATION

Child's Name	Nickname	Sex M F	Date of Birth
Address			Home Phone
Names and Ages of Child's Siblings		English speaker	Y N
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed/Particular Fears			
Types of Discipline Most Frequently Used			
Previous Child Day Care Programs and Schools Attended			Dates
If Child Also Attends Another School/Program, Give Name of School/Program			Grade

PARENTS/GUARDIAN

Father's or Guardian's Name SS#:	Place Employed	Business Phone Cell. or Pager
Home Address		Home Phone
Mother's or Guardian's Name SS#:	Place Employed	Business Phone Cell. or Pager
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	
Names and Addresses of Two People to Contact if Parents Cannot Be Reached	Phone	
1.	1.(W)	(H)
2.	2.(W)	(H)
Person(s) Authorized To Pick Up Child (indicate relationship to child)		
Person(s) NOT Authorized To Pick Up Child (indicate relationship to child)*	Reason	

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

AGREEMENT

The School agrees to notify the parent / guardian whenever this child becomes ill and the parent / guardian will arrange to have the child pick up as soon as possible if so requested by the School.

AUTHORIZATIONS

1. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when he/she 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 withdraw their children from any field trip(s).

SIGNATURES

I have read, understand and agree to abide by the policies as written on this document and contained in the parent handbook. I declare under the penalty of perjury that the foregoing is true and correct.

Parents or Guardian

Date

Director

*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 reason for their objection.

How were you referred to GBS? _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth	Birth Date	Birth Certificate #	Date Issued
Other Form of Proof			

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 from a public school in Virginia, or 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 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.