Tots n' Us
Children's Academy

CHILD ENROLLMENT APPLICATION

Child Information

Date:_____

First Name: _____M.I.___Last Name: _____

Name child prefers to be called: _____Grade/Class:_____

Child's Address: _____

Gender: ___Male ___Female Arrival Time: _____Departure Time: _____Child's Date of Birth: _____

Previous Child Day Care Programs / Any Special Accommodations: _____

How did you hear about us? _____

Parent/Guardian Information

Father/Guardian First Name: _____M.I. _____Last Name: _____

Address: _____

Occupation: _____Home Phone: _____

Employed By: _____Office Phone: _____

Work Address: _____Work Hours: _____Cell Phone: _____

Last Four SS# _____ Father's Date of Birth: _____Email: _____

Mother/Guardian First Name: _____M.I._____Last Name: _____

Address: _____

Occupation: _____Home Phone: _____

Employed By: _____Office Phone: _____

Work Address: _____Work Hours: _____Cell Phone: _____

Last Four SS# _____ Mother's Date of Birth: _____ Email: _____

Primary Residence of the Child: ◯ With Mother ◯ with Father ◯ with Both ◯ with Guardian (Name):_____

Emergency Information

Pediatrician's Name: _____Phone: _____

Address: _____

List any existing medical conditions, medication and/or special attention your child may require.

_____

Allergies: _____

Emergency Contact # 1: _____Phone: _____Relationship to the Child:

Address: _____

Emergency Contact # 2: _____Phone: _____Relationship to the Child:

Address: _____

Person (s) Authorized to pick up: _____

Person (s) not Authorized to pick up: _____

CHILD ENROLLMENT APPLICATION

Agreements:

Initials _____1. Field Trip Permission: I hereby give permission to the Tots N Us Children's Academy to remove my child from the premises for any field trips, neighborhood walks, visits to the library, park, etc. by means of walking, school van or car. I understand that my child may be excluded from field trip in his/her behavior compromises their safety or the safety of the group.

Initials _____2. Emergency Care Authorization: I give permission for emergency care decisions to be made by the Center staff regarding my child, in event of an emergency that impedes regular school operations. I understand that the center will notify me by telephone, as soon as possible.

Initials _____3. Emergency Medical Care Authorizations: I give my permission for the center to seek emergency medical care for my child if deemed necessary by the staff and or administration, and that I will be notified as soon as possible.

Initials _____4. Notification of illness and Re-Admission After illness: In accordance with applicable state licensing regulations, (a) The center will notify you if your child becomes ill and you shall arrange to have your child picked-up as soon as possible and no later than two hours after notification, please note we will terminate your child if your child is ill and is brought to Center more than 3 times within any 30 – day period, or you fail to pick up your sick child within two hours after being notified of the sickness, more than 2 times during any 6-month period; (b) you shall inform the Center within 24 hours or the next business day after your child or any member of your immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which you shall repost immediately to the Center; and (c) if your child has been ill, he or she may not be re-admitted to the Center until he or she is free of symptoms for 24 hours or you have provided a note from or you have provided a note from your child's physician confirming that he or she is free of symptoms. The decision of the Center Director shall govern such re-admission.

Initials _____5. Parent Handbook: I acknowledge receiving and having read the contents of the Center's parent handbook and the Tuition Enrollment agreement. I further acknowledge that I understand the contents and contained therein and agree to abide by all of its policies and procedures.

Initials _____6. Permission to Photograph: I hereby give permission to Tots N Us Children's Academy or any other subsidiaries to photograph and use picture(s) and/or video of my child/children image for marketing/advertising.

Initials _____7. 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's placing agency, record from a public school in the U.S. that a certified copy of the child's birth records 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, document of viewing this information must be maintained for each child.

- Enrollment eligibility is based on space, registration date and/or child's date of birth.
- If a parent is not authorized to pick up your child, official paperwork such as custody, court order or guardian papers must be provided. Per Section § 22.1-4.3. Code of Virginia, Participation by and notification of noncustodial parent.
  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 (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

For the purposes of this section, "school or day care activities" shall include, but shall not be limited to, lunch breaks, special in-school programs, parent-teacher conferences and meetings, and extracurricular activities. It is the responsibility of the custodial parent to provide the court order to

Signature:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Official Use Only

Child Name	Other Form of ID
Date of Birth	Date Child Entered Care
Place of Birth	Date Child Left Care
Birth Certificate No.	Date Document was Viewed
Issued date	Father's Name
Mother's Name	Reviewed By