

**EXTENDED DAY PROGRAM
ENROLLMENT FORM
2015-2016**

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: M F

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Previous Child Day Care Programs and Schools Attended:

If Child attends CA's Program and another School/Program, Please List the Name of School/Program:
_____ Level: _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name: _____

Home /Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Job Title: _____

Father's/Guardian's Name: _____

Home /Mailing Address: _____
(if different)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Job Title: _____

Person(s) or Agency Having Legal Custody of Child: _____

EMERGENCY CONTACT INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency: _____

Child's Physician: _____ Phone Number: _____

(Continued on reverse side)

Two Emergency Contacts: *(In case parent/guardian cannot be reached)*

Name: _____ **Address:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Name: _____ **Address:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Person(s) Authorized to Pick-up Child: _____

Person(s) NOT Authorized to Pick-up Child*: _____

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

AGREEMENTS

1. The CA Extended Day Program 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 Academy.
2. The parent(s)/guardian(s) authorize the CA Extended Day Program to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located/contacted immediately.**
3. The parent(s)/guardian(s) consent to the use of sunscreen and/or insect repellent if it is deemed necessary.
4. I agree to inform Chesapeake Academy Extended Day Program within 24 hours or the next business day after my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

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

Parent(s) or Guardian(s) Signature **Printed Name and Date**

Beth Clark, CA Extended Day Program Director **Date**

Date Child Entered Program: _____ **Date Child Left Program:** _____

OFFICE USE ONLY- Identification Verification

For proof of child identity, please complete the following from original document:

Place of Birth: _____ **Birth Date:** _____

Certificate #: _____ **Issue Date:** _____

Other Form of Proof: _____ **Documentation Verified Date:** _____

Person Viewing Document (Print Name and Signature): _____

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is NOT provided:

Date: _____ **Initialed By:** _____

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 planning agency (i.e., foster care or 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. 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.