

**EXTENDED DAY PROGRAM  
REGISTRATION FORM  
2016-2017**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M      F

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

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Previous Child Day Care Programs and Schools Attended:

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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: \_\_\_\_\_

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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.