



KIDDIE COUNTRY DEVELOPMENTAL LEARNING CENTERS
 9601 Old Keene Mill Road, Burke, Virginia 22015 (703) 644-0066 Fax: (703) 644-0073

CHILD			
NAME		NICKNAME	BIRTHDATE
ADDRESS			HOME PHONE
PARENTS/GUARDIAN:			
FATHER'S NAME		HOME PHONE	CELL PHONE
HOME ADDRESS (IF DIFFERENT)			E-MAIL ADDRESS
OCCUPATION	PLACE EMPLOYED	BUSINESS ADDRESS	BUSINESS PHONE
MOTHER'S NAME		HOME PHONE	CELL PHONE
HOME ADDRESS (IF DIFFERENT)			E-MAIL ADDRESS
OCCUPATION	PLACE EMPLOYED	BUSINESS ADDRESS	BUSINESS PHONE
NAME OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD			HOME PHONE
HOME ADDRESS (IF DIFFERENT)			
CELL PHONE		E-MAIL ADDRESS	
OCCUPATION	PLACE EMPLOYED	BUSINESS ADDRESS	BUSINESS PHONE
HOME:			
LANGUAGES SPOKEN AT HOME:			
PRIMARY:		OTHER:	
OTHER PERSONS LIVING AT HOME:			
NAME		AGE	RELATIONSHIP
1.			
2.			
EMERGENCY INFORMATION			
NAME OF CHILD'S PHYSICIAN			PHONE
I GIVE PERMISSION FOR THE FOLLOWING TWO PEOPLE TO BE CALLED IN AN EMERGENCY IF I CANNOT BE REACHED. I ALSO AUTHORIZE THESE INDIVIDUALS TO PICK MY CHILD UP FROM KIDDIE COUNTRY.			
NAME		RELATIONSHIP TO CHILD	
ADDRESS	HOME PHONE	BUSINESS / CELL PHONE	
NAME		RELATIONSHIP TO CHILD	
ADDRESS	HOME PHONE	BUSINESS / CELL PHONE	
PERSON(S) AUTHORIZED TO PICK UP CHILD:			
PERSON(S) <u>NOT</u> AUTHORIZED TO PICK UP CHILD:			
(LEGAL PAPERWORK IS NECESSARY WHEN CUSTODIAL PARENT REQUESTS CENTER NOT TO RELEASE CHILD TO OTHER PARENT)			

* Note: Custodial parents and guardians are rightfully admitted into Kiddie Country at any time per 63.2-1813 of the Code of Virginia.

Kiddie Country does not discriminate on the basis of race, color, religion, sex, marital status, disability, age or national origin in services or accommodations offered or provided to our employees, clients or guests.

PROGRAM ENROLLMENT		
OPTIONS: <input type="checkbox"/> FULL DAY <input type="checkbox"/> TU/THUR HALF DAYS <input type="checkbox"/> M/W/F HALF DAYS <input type="checkbox"/> ELEM <input type="checkbox"/> BREAKFAST		
LIST ALL PREVIOUS CHILD CARE PROGRAMS/SCHOOLS ATTENDED AND LOCATION (CITY & STATE):		
IF CHILD ATTENDS THIS CENTER AND ANOTHER SCHOOL/PROGRAM, PLEASE GIVE THE NAME OF THE SCHOOL/PROGRAM:		
NAME:	GRADE:	PHONE:
PAYMENT SCHEDULE:		
<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY		
PROGRAM CHANGE DATE		

AGREEMENTS		
1. DO YOU AUTHORIZE THE CENTER TO ALLOW YOUR CHILD TO PARTICIPATE IN SCHEDULED FIELD TRIPS? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU AUTHORIZE TRANSPORT TO AND FROM TRIP DESTINATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. KIDDIE COUNTRY AGREES TO NOTIFY THE PARENT/GUARDIAN WHENEVER THIS CHILD BECOMES ILL, AND THE PARENT/GUARDIAN AGREES TO PICK THE CHILD UP AS SOON AS POSSIBLE THEREAFTER.		
3. THE PARENT/GUARDIAN AGREES TO INFORM KIDDIE COUNTRY WITHIN 24 HOURS OR THE NEXT BUSINESS DAY AFTER HIS/HER CHILD OR ANY MEMBER OF THE 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. (VIRGINIA REPORTABLE DISEASE CHART IS INCLUDED IN PARENT PACKAGE.)		
4. THE PARENT/GUARDIAN AUTHORIZES KIDDIE COUNTRY TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN HE/SHE CANNOT BE LOCATED.		
5. THE PARENT/GUARDIAN AUTHORIZES KIDDIE COUNTRY TO POST HIS/HER CHILD'S ALLERGIES IN ORDER TO ENSURE HEALTH AND SAFETY.		

SPECIAL NOTATIONS		
ALLERGIES OR INTOLERANCES TO MEDICATION/FOOD/OTHER SUBSTANCES & ACTIONS TO TAKE IN AN EMERGENCY:		
CHRONIC PHYSICAL PROBLEMS:		
PERTINENT DEVELOPMENTAL INFORMATION:		
SPECIAL ACCOMMODATIONS NEEDED:		

SIGNATURES		
PARENT OR GUARDIAN	DATE	
ADMINISTRATOR OF KIDDIE COUNTRY	DATE	
DATE ADMITTED	DATE OF WITHDRAWAL	

OFFICE USE ONLY IDENTITY VERIFICATION		
TYPE OF DOCUMENT	PLACE OF BIRTH	BIRTH DATE
DOCUMENT NUMBER	DATE ISSUED	PERSON REVIEWING DOCUMENT/DATE

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, 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, copy of the conferring temporary legal custody or entrustment agreement of a child to an independent foster parent, or child identification card issued by the Virginia Department of Motor Vehicles (DMV). 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. Section 63.2-1809 of the Code of Virginia.