



9601 Old Keene Mill Road, Burke, Virginia 22015

(703) 644-0066

Fax: (703) 644-0073

## CHILD INFORMATION

NAME	NICKNAME	SEX	BIRTHDATE
ADDRESS			

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian #1 (Primary Contact)

### Legal Custody/Guardian

Name	Email	Cell/Home Phone
Address <input type="checkbox"/> Same as above		
Occupation & Employer	Employer Address	Work Phone

### Parent/Guardian #2

### Legal Custody/Guardian

Name	Email	Cell/Home Phone
Address <input type="checkbox"/> Same as above		
Occupation & Employer	Employer Address	Work Phone

## EMERGENCY CONTACTS

### Emergency Contact #1

Name	Email	Cell/Home Phone
Address		
Occupation	Employer	Work Phone

### Emergency Contact #2

Name	Email	Cell/Home Phone
Address		
Occupation	Employer	Work Phone

## PHYSICIAN INFORMATION

Name of child's physician	Phone
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## CHILD SPECIAL NOTATIONS

Any allergies or intolerances to medication/food/other substances?

 Yes No

If Yes, Please List/Explain:

Actions to take in an emergency:

Chronic physical problems?

 Yes No

If Yes, Please List/Explain:

Any Pertinent Developmental Information? (i.e., IEP or IFSP)

 Yes No

Special Accommodations Needed:

## FAMILY INFORMATION

Languages Spoken at Home:

Primary:

Others:

Other Persons Living in Home:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

List all previous Child Care Programs/Schools Attended & Location (City, State)

1.

2.

3.

4.

## PROGRAM ENROLLMENT

### Preschool Options:

Full Day (M-F: 7am-6pm)

3-Half Days (M, W & F: 9am-1pm)

### Anticipated Start Date: \_\_\_\_\_

2-Half Days (T & Th: 9am-1pm)

5-Half Days (M-F: 9am 1pm)

### Elementary Options:

Before & After Care

Before Care Only

### Anticipated Start Date: \_\_\_\_\_

Current School Attended: \_\_\_\_\_

After Care

## AGREEMENTS

1. 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.  Yes  No
2. The parent/guardian agrees to inform Kiddie Country within 24 hours or the next business day after the child or any family 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 (VA reportable disease chart is included in parent package).  Yes  No
3. The parent/guardian authorizes Kiddie Country to obtain immediate medical care if any emergency occurs when he/she cannot be located.  Yes  No
4. The parent/guardian authorizes Kiddie Country to post their child's allergies to ensure health and safety.  Yes  No
5. The parent/guardian understands that Kiddie Country requires 30-day notice for any withdrawal.  Yes  No

### Elementary Only

6. Do you authorize the center to allow your child to participate in scheduled Field Trips?

Yes  No

Do you authorize transport to and from trip destinations?  Yes  No

## SIGNATURES

Parent/Guardian	Date
Administrator of Kiddie County	Date

### OFFICE USE ONLY

#### Identity Verification

Type of Document	Place of Birth	Birthdate
Document Number	Date Issued	Person Reviewing Document