

Mothers Day Out Preschool and Kindergarten
 1072 Old Kempsville Road
 Virginia Beach, Va. 23464 Phone (757) 495-6531

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed			Cell Phone
Previous School or Program Child Attended			
If Child Attended this School or Another School Program, Give Name of School Program			Grade

PARENT(S) GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medications, etc. and Action to Take in an Emergency		
Child's Physician	Address	Phone
Two LOCAL People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) NOT Authorized To Pick Up Child		

Agreements

1. This school 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 school.
2. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. I have read the school's handbook.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____

Date Left Care: _____

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

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation	

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

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PICTURE
OF
CHILD
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