

		Child	l Goes By: 🗆 N/A	
	First Middle Initial La		64-4	77.
Sex:	Race: Birth Date:		Home Phone:	
st Number to Cont	st Number to Contact: Primary Emary Emary and Relation: Secondary E			
Vame and Relation				
Mother's Name: _			S.S.#:	
Place of Employment:				
Work Phone:				
			S.S.#:	
Place of Employment:				
Work Phone:				
Aother's/Father's	Address, if different from Child's			
Address:		City:	State:	Zip:
Phone:				_ ·
	rents: Married Separated	d Divorceo	d Single	
-	ho has legal custody?			
	Siblings:			
	poken at home: 🗆 English 🗆 Spanis			
	ponen ai nome. 🗆 English 🗀 Spanis	n 🛮 0 inci		
revious Preschool	(s) Attended: :			
Previous Preschool	ms/schools that your child is concu		ng:: □ N/A	
Previous Preschool	ms/schools that your child is concu	rrently attendin or Class Level:	ng::	
Previous Preschool Additional program	ms/schools that your child is concu Grade	rrently attendin or Class Level: child up if pare	ng:: □ N/A □ N/A ent/guardian cannot b	e reached
Previous Preschool Additional program Local emergency c . Name:	ms/schools that your child is concu Grade ontacts that are authorized to pick	rrently attendir or Class Level: child up if pare	ng:: □ N/A □ N/A ent/guardian cannot b Relationship:	e reached
Previous Preschool Additional program Local emergency c . Name:	ms/schools that your child is concu Grade ontacts that are authorized to pick	rrently attendin or Class Level: cchild up if parc l City:	ng:: □ N/A □ N/A ent/guardian cannot b Relationship: State:	e reached
Previous Preschool Additional program Local emergency c . Name: Address: Home Phone:	ms/schools that your child is concu Grade ontacts that are authorized to pick Cell Phone:	rrently attending or Class Level:  child up if pare l City:	ng::	e reached
Previous Preschool Additional program Local emergency c . Name: Address: Home Phone:	ms/schools that your child is concu Grade ontacts that are authorized to pick	rrently attendin or Class Level: child up if pard l City:l	ng::	e reached
Previous Preschool Additional program  Ocal emergency c  Name: Address: Home Phone: Name: Address:	ms/schools that your child is concu Grade ontacts that are authorized to pick Cell Phone:	rrently attending or Class Level:  child up if pare L City:	ng::	e reached
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Previous Preschool Additional program Local emergency c  1. Name: Address: Home Phone: Address: Home Phone:	ms/schools that your child is concu Grade ontacts that are authorized to pick Cell Phone: Cell Phone:	rrently attending or Class Level:  child up if pare Level: City: City: City:	ng::	e reached
Previous Preschool Additional program Local emergency c  I. Name:  Address:  Home Phone:  Address:  Home Phone:  Person(s) authorize	ms/schools that your child is concu Grade ontacts that are authorized to pick  Cell Phone:  Cell Phone:  An authorized person must present po	rrently attending or Class Level:  child up if pare Level: City: City: City:	ng::	e reached
Previous Preschool Additional program Local emergency c  1. Name: Address: Home Phone: Address: Home Phone: Home Phone:	ms/schools that your child is concu Grade ontacts that are authorized to pick  Cell Phone:  Cell Phone:  Cell Phone:	rrently attending or Class Level:  child up if pare Level: City: City: City:	ng::	e reached





The Following Information is Required and Must be Complete—If Not Applicable, Please Mark N/A						
Child's Name:	Middle Initial La		□ N/A			
Insurance Company: _		Policy #:				
Does your child have any chronic physical problems, pertinent developmental information, special accommodations, allergies to any food or medications, dietary restrictions, and specific actions to take in case of an emergency situation? $ \square \ N/A  $						
	Medical and dietary problems	are to be <u>documented</u> by your phys	ician			
1. Western Branch Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parents/guardians 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 Western Branch Academy to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a statement is required from the parent(s)/guardian(s) that states the objection and reason.						
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after his 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.						
The information given above is true and complete to the best of my knowledge.						
	1 1		/ /			
Maternal/Guardian Signature and Date  * All newsletters and general announcements will be sent via email.  Paternal/Guardian Signature and Date  * All newsletters and general announcements will be sent via email.						
How did you hear about We						
OFFICE USE ONLY/IDENTITY VERIFICATION						
Date of notification of Local Law-Enforcement Agency (when required proof of identity is not provided):						
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 (foster care and adoption agencies), record from a public school in						
Place of birth	Birth date	Birth Certificate Number	Date Issued			
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation			
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. 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. after 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 states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable of indecipherable by any means.						
Administrator of Center	Date Received	Imm Physical Reg	Fee Act Fee Tuition Agr			