



REGISTRATION FORM

Child's full name		Preferred name		Sex <input type="checkbox"/> male <input type="checkbox"/> female	
Child's Address		Home phone		Date of birth	
Father's name			Place of employment		
Father's address <input type="checkbox"/> same as child		Home phone	Business phone	Cell phone	
Father's email address					
How can father usually be reached during school hours?					
Mother's name			Place of employment		
Mother's address <input type="checkbox"/> same as child		Home phone	Business phone	Cell phone	
Mother's email address					
How can mother usually be reached during school hours?					
Person(s) or agency having legal custody of child (if other than parents listed above)				<input type="checkbox"/> N/A	
Home address (if different than above) <input type="checkbox"/> N/A			Home phone <input type="checkbox"/> N/A		
Business address (if different than above) <input type="checkbox"/> N/A			Business phone <input type="checkbox"/> N/A		
Siblings (include step brothers and sisters if applicable)			<p>Our child's name, parents' names, home phone number, and address may be included in the class roster to be distributed to YCP families. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Our family has internet access and is comfortable receiving program and class newsletters via email and the YCP website. <input type="checkbox"/> yes <input type="checkbox"/> no</p>		
First Name	Age				
1. _____	_____				
2. _____	_____				
3. _____	_____				
4. _____	_____				

INTRODUCTION TO YOUR CHILD

What are your child's interests, favorite activities and/or toys?

Who are your child's usual playmates? (siblings, neighbors, older or younger children?)

Does your child have specific anxieties or fears? yes no
If yes, please describe.

Describe your child's toileting routine. How frequently does he or she have accidents?

How many hours of television does your child watch weekly? _____ What kinds of programs does your child enjoy?

What day care programs, home care, or schools has your child attended?

What are current child care arrangements when your child is not at the YCP?

Are there persons other than family members who will be transporting your child to and from school?

Where will your child attend kindergarten?

Is there information about your family structure, practices, or religion that will help us in learning to know your child and meeting his or her needs at school?

Are there languages other than English spoken in your home? yes no If yes, what languages?

HEALTH INFORMATION

Does your child have speech, hearing, sight, or motor difficulties? yes no
If yes, please describe thoroughly and provide any information that will help the teaching staff respond to the condition appropriately.

Does your child have allergies or intolerances to food, medication, or other substances? yes no
If yes, please describe.

May information about his or her allergy and/or intolerance be posted in the classroom to facilitate staff awareness and compliance with the child's needs? yes no

VDSS licensing requires the development of an Individual Health Care Plan for this condition that must be signed by your child's physician before the opening of school. Contact the YCP Coordinator for a copy of this form and to schedule a time to develop this plan. The form is also available online at <http://coe.jmu.edu/hutchisl/YCPHealthForms.htm>

Does your child have a chronic health condition or health limitations in addition to those described above? yes no
If yes, please describe.

VDSS licensing requires the development of an Individual Health Care Plan that must be signed by your child's physician before the opening of school. Contact the YCP Coordinator for a copy of this form and to schedule a time to develop this plan. The form is also available online at <http://coe.jmu.edu/hutchisl/YCPHealthForms.htm>

Does your child take medication regularly? yes no
If yes, please describe.

In what ways does the medication affect your child's behavior?

Medication will be administered at the YCP for emergency medical conditions only. Does your child's medication meet this criterion? yes no

If yes, VDSS licensing requires submission of a Written Medication Consent that must be completed and signed by the physician, parent, and program every six months. Please contact the YCP Coordinator for a copy of this form so it can be completed before the opening of school (or locate it online at <http://coe.jmu.edu/hutchisl/YCPHealthForms.htm>)

*Because of the active chemical ingredients in sunscreen and insect repellent, VDSS licensing considers them medications. The YCP strongly encourages parents to apply these topical treatments **BEFORE** coming to school when you feel they are needed. If there is a medical reason this is not acceptable, a Written Medication Consent must be completed and sunscreen must be provided by the parent in its original container labeled with the child's name. Contact the YCP Coordinator if you need a copy of this form or locate it online at <http://coe.jmu.edu/hutchisl/YCPHealthForms.htm>*

If your child needs sunscreen or insect repellent, do you plan to administer it before sending your child to school? yes no

VA DEPARTMENT OF SOCIAL SERVICES

AGREEMENTS

- 1. The child day center 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 center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center 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.

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.

Table with 4 columns: 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):

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 (foster care and 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. 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 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 or indecipherable by any means.