

# Liberty Baptist Before/ After Care Program Registration Form 2012-2013 \*\*Religious Exempt Child Day Center\*\*

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Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
First M.I. Last Nickname M/F

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip Code

Chronic Physical Problem/Pertinent Developmental Information/Special Accommodations Needed:  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Child Day Care Programs and Schools Attended:  
 \_\_\_\_\_

Circle the days your child will attend:

\*Plan A ~Before/ After Care-5 Days (Mon.-Fri.) \_\_\_\_\_  
 Before Care only \_\_\_\_\_ Drop in Care \_\_\_\_\_  
 After Care only \_\_\_\_\_ Drop In Care only \_\_\_\_\_

### PARENTS / GUARDIAN

|                    |                                   |                                   |
|--------------------|-----------------------------------|-----------------------------------|
| Father _____       | <small>Place<br/>Employed</small> | <small>Business<br/>Phone</small> |
| Home Address _____ |                                   | <small>Home<br/>Phone</small>     |
| Mother _____       | <small>Place<br/>Employed</small> | <small>Business<br/>Phone</small> |
| Home Address _____ |                                   | <small>Home<br/>Phone</small>     |

Person(s) or Agency Having Legal Custody of Child \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:  
 \_\_\_\_\_  
 \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Names and Addresses of Two People to Contact if Parents Cannot be Reached: Phone Number:

1) \_\_\_\_\_

2) \_\_\_\_\_

Person(s) Authorized to Pick up Child \_\_\_\_\_

Person(s) NOT Authorized to Pick up Child\* \_\_\_\_\_

\*Appropriate paperwork such as custody papers should be attached if a parent is not allowed to pick up child.

## Agreements

1. Liberty Baptist Pre-School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes Liberty Baptist Pre-School to obtain immediate emergency medical care (911) whenever necessary.

## Signatures

|                                             |       |
|---------------------------------------------|-------|
| _____                                       | _____ |
| Parent or Guardian                          | Date  |
| _____                                       | _____ |
| Administrator of Liberty Baptist Pre-School | Date  |

Date Child Entered Care: \_\_\_\_\_ Date Child Left Care: \_\_\_\_\_

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## OFFICE USE ONLY IDENTITY VERIFICATION

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Other Forms of Proof \_\_\_\_\_

\_\_\_\_\_

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 planning agency, record from a public school in Virginia, or certification by a principal or is designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. 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 or the center transfers responsibility of the child directly to the school. 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.