

Enrollment Date: _____

Email Address: _____

Churchland Christian Academy
4249 Taylor Road
Chesapeake, Virginia 23321
ccachildren.com



Child's Name	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

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

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone #
TWO 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*		

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

* NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of the student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

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)/guardian(s) 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 disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

PARENT(S)/GUARDIAN(S)	DATE
ADMINISTRATOR OF CENTER	DATE

Date Child Entered Care: _____

Date Child 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): _____

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 the 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.

032-05-252/11 (06/05)

BY INITIALLING BELOW I VERIFY THAT ALL INFORMATION ON THIS FORM IS CURRENT.

_____ Date _____	_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____	_____ Date _____
_____ Date _____	_____ Date _____	_____ Date _____

EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION



Churchland Christian
Academy

Information may be added at any time. If information needs to be changed/updated, completion of a new form is required.

Child's Name	Child's SSN (optional)	Date of Birth
--------------	------------------------	---------------

Allergies/Special Needs

Address

Parent/Guardian 1	Home #	Work/Cell #
-------------------	--------	-------------

Employer	Email	Fax or Additional #
----------	-------	---------------------

Parent/Guardian 2	Home #	Work/Cell #
-------------------	--------	-------------

Employer	Email	Fax or Additional #
----------	-------	---------------------

PARENT IDENTIFICATION INFORMATION (2 ITEMS REQUIRED)

Requested information: I.D. number may be a Social Security Number, Driver's License Number or other unique identification number. I.D. may be substituted with personal questions for which only the parent has the answer. This information will be used to verify parent identity over the phone if an emergency pick up authorization is called into the center.

I.D. # and Type – OR – Question: _____ Answer: _____

I.D. # and Type – OR – Question: _____ Answer: _____

**EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION
CONTINUED**

List a minimum of three (3) additional authorized pick up people (excluding parent(s)/guardian(s)).

1. _____ Home # _____ Work # _____

Address: _____

Relationship to Child: _____ I.D. # & Type (optional) _____

2. _____ Home # _____ Work # _____

Address: _____

Relationship to Child: _____ I.D. # & Type (optional) _____

3. _____ Home # _____ Work # _____

Address: _____

Relationship to Child: _____ I.D. # & Type (optional) _____

*For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide photo I.D. at time of pick-up.

MEDICAL RELEASE

Doctor's Name: _____ Phone # _____

I give permission to CHURCHLAND CHRISTIAN ACADEMY to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In the case of a medical emergency, I understand that my child will be transported to the closest medical facility by the local emergency unit for the treatment if the local emergency resource (i.e. police, rescue squad) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

EMERGENCY MEDICAL INFORMATION

Drug Allergies/Special Medical Needs: _____

Chronic Disease/Other Health Problems: _____

Insurance Coverage: _____

Parent's Signature

Date

Allergy & Special Medical Information



Churchland Christian
Academy

Child's Name: _____

Date of Birth: _____

Allergy Information: Any food allergy listed below must have an attached *Allergy Action Plan* provided by your child's physician. This plan must be submitted before or on your child's first day of attendance.

My child has no known allergies/medical conditions.

My child has the following allergies/medical conditions:

1. _____

Possible side effects: _____

Actions to be taken if side effects occur: _____

2. _____

Possible side effects: _____

Actions to be taken if side effects occur: _____

3. _____

Possible side effects: _____

Actions to be taken if side effects occur: _____

CCA Illness Policy: In accordance with licensing and health department regulations, children are considered "ill" and must be removed from the school environment if they have a temperature of over 100°, have thrown up more than once, have had diarrhea more than once, or have had any combination of these symptoms. When these symptoms occur, CCA will contact you or your child's emergency contacts to request that they be picked-up. Students who have been sent home due to illness are unable to return to school until they have been 24-hours symptom-free without the use of medication. This generally means that students are unable to return to school for at least one full school day.

If your child or anyone within your child's immediate household develops a reportable communicable disease, CCA must be notified within 24-hours or the next business day. This allows CCA to respond accordingly to meet all state and licensing standards.

Parental Understandings: I understand that...

- I must provide CCA with an *Allergy Action Plan* for any food allergies I list for my child.
- I understand and give permission for CCA to post, where needed, a picture as well as the allergy information listed above.
- I must arrange pick-up for my child within a reasonable amount of time if my child exhibits symptoms that require pick-up.
- I must notify CCA if my child or someone in my child's immediate household develops a reportable communicable disease within 24-hours or the next business day.

Parent Signature: _____ Date: _____

HEALTH AND SOCIAL RECORD

CHURCHLAND CHRISTIAN ACADEMY



Churchland Christian
Academy

Child's Name		Nickname
Birth Date	Height	Weight
Parent	Work #	Home #
Parent	Work #	Home #
Surrogate	Work #	Home #
Child's Doctor's Name		Doctor's Phone #

Has your child ever been in a child care setting? yes no If so, what kind? In Home Church Other _____
Briefly describe your child's experience. _____

Does your child have an existing condition of which Churchland Christian Academy should be aware of? yes no
Explain _____

Is your child able to fully participate in all activities offered by Churchland Christian Academy? yes no
Explain _____

Does your child function at an age-appropriate level? yes no
Explain _____

Is your child able to walk? yes no
Explain _____

Can your child effectively communicate his/her needs? yes no
Explain _____

Is your child on a special or restricted diet, or have any food allergies (e.g. peanut butter)? yes no
Explain _____

Does your child have any non-food allergies that we should be aware of (e.g. bee stings)? yes no
Explain _____

Does your child have any problems at mealtime? yes no
Explain _____

Does your child rest in the middle of the day? yes no
Explain _____

Is your child toilet trained? yes no If so, do they need assistance? yes no
Explain _____

Does your child require any medication, therapy, medical treatment or assessment while in childcare? yes no
Explain _____

Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, etc.? yes no
Explain _____

**HEALTH AND SOCIAL RECORD
CONTINUED**

Does your child require one-on-one care/supervision on a regular basis for a significant period of time? yes no
Explain _____

Does your child require any/or desire any accommodations or modifications in order to fully and equally enjoy and participate in our group care setting? yes no

Explain _____

What are your child's preferences or other information that would help us provide your child with the best possible experience?

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at Churchland Christian Academy's request.

Parent/Guardian's Signature	Date
-----------------------------	------

PHOTOGRAPH PERMISSION



Churchland Christian
Academy

Here at Churchland Christian Academy, we love to take photographs of our students and staff having fun and learning something new! Please complete the consent below to allow us to photograph and share your photo on our lobby screen and website.

Date: _____

I, _____, the parent of

_____, give Churchland Christian Academy permission to take and display photographs of my child engaged in school activities. The photographs of my child may be used at Churchland Christian Academy's discretion.

Parent Signature: _____