

Things you need to bring before you start:

- ❖ **Copy of birth certificate**
- ❖ **Copy of physical or well-baby check up**
- ❖ **Copy of shot record**
- ❖ **Registration Fee (\$100.00)**
- ❖ **First week tuition**

Things you need to bring on the first day:

- ❖ **2 changes of clothes (to include socks, underwear, t-shirt)**
- ❖ **Diapers (Only kids not potty trained)**
- ❖ **Wipes**
- ❖ **Crib sheet (other children use for their cot)**
- ❖ **Blanket**
- ❖ **Box of tissue**
- ❖ **Sanitizer**
- ❖ **Mask (age 5 and up)**
- ❖ **Laptop (school age students)**

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	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 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, 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) <u>NOT</u> 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 a 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)/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

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

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):

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.

Child Care Agreement

Provider _____, Phone Number _____

Address _____

Welcome to Alston's Village! Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information form** before your child's first day.*

Family Information

Child's name _____ Date of Birth _____

Parent's name(s) _____

Hours and Days of Operation

Child care services will begin on _____, 201 _____

The hours for care will begin at _____ a.m./p.m. and end at _____ on the following days:

If your child is going to absent or late, please call in advance.

Child care will not be available on the following holidays: _____

Fees

\$ _____ per week for full time care.

\$ _____ per hour for regular, part-time care.

\$ _____ per hour for drop-in care, if space is available.

\$ _____ for late payment charged for any time after _____

unless special arrangements have been made. Optional-

Child care fees are payable in advance and are due no later than _____.

Fees may be paid: weekly _____ bi-weekly _____ monthly _____

I collect an advance deposit of \$ _____ at the time of enrollment.

Child care fees will be paid by: Cash _____ Check/M.O. _____
Or Cashapp \$alstonvillage

Notice: A two week written notice is required for any of the following:

1. Termination of the agreement by either party
2. Increases in child care fees
3. Vacation periods for both families and provider
4. For return of your advance deposit

Food

Meals will be: ____ Prepared by the provider ____ Brought by family

Families are required to bring the appropriate foods for infants under ____ months old.

Meals served will be:

- | | | |
|--|--|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Morning snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Afternoon snack | <input type="checkbox"/> Supper | <input type="checkbox"/> Evening snack |

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than ____ days she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is _____ expected _____ is not expected.

Please inform me of any contagious disease immediately. All families of children in my care will be notified.

If your child becomes ill during care, you will be asked to pick up your child within _____ hours. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child may return to child care when the child is no longer sick.

_____ Parent's initials. Received a written copy of the child care sick policy.

Immunizations

Please provide a copy of updated immunization records each time your child has new immunization shots. Documentation of current immunizations is required in every child's file.

Clothing

Label your child's clothing and other items with his/her name and bring in some type of storage bag. Supply at least two complete sets of play clothes, outdoor clothing, and the following: ___ diapers ___ baby wipes ___ bibs

Other _____

Health Information

Allergies, and/or food restrictions: _____

Medications taken regularly in case of emergency: _____

Safe sleep

During rest times, I will provide appropriate sleeping equipment for the age and developmental readiness of your child. This equipment meets the current standard of the United States Consumer Product Safety Commission. If you choose to provide sleep equipment for your child, it must meet these same safety standards.

Please note: To reduce the risk of Sudden Infant Death Syndrome (SIDS), your baby will be placed on his/her back to sleep (unless I receive a signed permission form stating otherwise from a licensed physician.)

Field Trips

We often we take trips away from the center to help your child learn more about the community. Your permission is needed to allow your child to ride in our van. You will be notified in advance when trips are being planned indicating the date, location and amount of time away from home.

A proper infant seat or child booster seat is required for car travel for any child under the age of 8. _____ You or _____ I will provide the seat.

I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature _____ Date _____

Parent's Name in Print _____

Provider's Signature _____ Date _____

Provider's Name in Print _____

**Virginia Child and Adult Care Food Program (CACFP)
Annual Enrollment Form (Child)**

CENTER/PROVIDER COMPLETE THIS SECTION

Center/Provider Name

Street Address

City

VA

State

Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 5 below.**

This form is required for:

Child Care Centers, Family Day Care Homes

This form is NOT required for:

Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3			4	MEALS RECEIVED
				TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	TIME IN	TIME OUT		
	<i>Child's First Name</i>		<input type="checkbox"/> Monday					<input type="checkbox"/> Breakfast
	<i>Child's Last Name</i>		<input type="checkbox"/> Tuesday					<input type="checkbox"/> AM Snack
	<i>Date of Birth (mm/dd/yyyy)</i>		<input type="checkbox"/> Wednesday					<input type="checkbox"/> Lunch
	<i>Age</i>		<input type="checkbox"/> Thursday					<input type="checkbox"/> PM Snack
			<input type="checkbox"/> Friday					<input type="checkbox"/> Supper
			<input type="checkbox"/> Saturday					<input type="checkbox"/> EV Snack
			<input type="checkbox"/> Sunday					
				NOTES:				

5 Parent/Guardian Signature and Date:
By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.

Printed Name:

Signature:

Street Address:

City, State, Zip Code:

Phone Number HOME / WORK / CELL (circle one):

Date:

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Child Care Representative Use Only

Effective Date of This Enrollment Form:	<i>(mm/dd/yyyy)</i>	The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.
Effective Withdrawal Date of This Enrollment Form:	<i>(mm/dd/yyyy)</i>	
Printed Name of Center Representative		This form is effective for 12 months from the date of parent signature.
Signature of Center Representative		

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

1 All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]			FOSTER CHILD		SNAP, TANF or FDPIR CASE #				
First, Middle Initial, Last		Check if NO Income	Ages of children in care	Skip to Part 6 if all are foster children.		Skip to Part 6 if you list a SNAP, TANF or FDPIR case number.			
1		<input type="checkbox"/>				SNAP AND TANF MUST BE NINE (9) DIGITS			
2		<input type="checkbox"/>							
3		<input type="checkbox"/>							
4		<input type="checkbox"/>							
5		<input type="checkbox"/>							
6		<input type="checkbox"/>							

4 Homeless, Migrant, or Runaway

- Homeless
 Migrant
 Runaway

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

5 Total Household Gross Income (before deductions). You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X -
Social Security Number

I do not have a social security number.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Date _____ Printed Name of Adult Household Member _____

Signature of Adult Household Member _____

7 Contact Information (Optional)

Work Telephone Number (Include Area Code) _____

Home Telephone Number (Include Area Code) _____

Home Address (Number, Street, City, State, Zip Code) _____

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

No, I do not want my information from this application shared with the FAMIS.

Date: _____

Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY - ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A and B BELOW

SECTION A

Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Convert income only if different frequencies of pay are reported.

TOTAL INCOME Per \$ _____
 Week Every 2 Weeks Twice a Month Month Year

NUMBER IN HOUSEHOLD: _____

FREE based on:

- foster child migrant
 homeless runaway

SNAP, TANF, FDPIR

household income

REDUCED based on:

household income

income too high

DENIED reason:

- incomplete application
 non-qualifying SNAP/TANF

SECTION B

Signature of Determining Official: _____

Date: _____

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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