

**CLAIRMONT SCHOOL AND CHILD CARE CENTER  
REGISTRATION FOR 2017-2018**

**PLEASE FILL IN EVERY LINE: ALL INFORMATION IS REQUIRED**

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name Child Goes By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's Home Phone Number: \_\_\_\_\_  
Family Email Address: \_\_\_\_\_  
Family Password (see emergency contact form): \_\_\_\_\_

**PLEASE ENROLL MY CHILD IN THE FOLLOWING PROGRAM:**

Infant (6 weeks - 15 months)       Preschool Only  
 Toddlers (16-24 mo.)       Preschool and Child Care  
 Special Schedule ( \_\_\_\_\_ )  
 Public School K-5 (Grade \_\_\_\_ School \_\_\_\_\_)

**PARENT OR GUARDIAN INFORMATION**

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ \*  
Father's Address: \_\_\_\_\_  
Father's Place of Employment and Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ \*  
Mother's Address: \_\_\_\_\_  
Mother's Place of Employment and Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

*\*will be used for emergency phone messaging system (see parent handbook)*

**PERSON(S) HAVING LEGAL CUSTODY**

*(We must have a copy of court order if both parents do not have legal custody of child.)*

Name(s) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Person(s) NOT Authorized to pick up child: \_\_\_\_\_

**FAMILY PHYSICIAN INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BIRTH/PROOF OF IDENTITY DOCUMENTATION**

Form of Proof: \_\_\_\_\_ State / Hospital Issued: \_\_\_\_\_  
Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ (Staff Initials) \_\_\_\_\_

**Previous Child Care Centers/Home Care your child has attended:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

Has the child you are enrolling ever been suspended or withdrawn from any school or child care center for disciplinary reasons? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY**

List names/relationships of persons with whom your child lives:

\_\_\_\_\_

List any childhood diseases your child has had:

List any chronic physical problems, pertinent developmental information and/or special accommodations needed: \_\_\_\_\_

What areas of delay does your child have (if any) \_\_\_\_\_

List any private or other specialist working with your child (e.g., occupational therapist, speech/language pathologist, etc.) \_\_\_\_\_

List any special food or eating instructions (Does your child have a good appetite?) \_\_\_\_\_

Toileting: Is your child fully toilet trained? \_\_\_\_\_

Any additional information pertaining to your child that you feel is pertinent to his or her care here at Clairmont School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

**CLAIRMONT SCHOOL AND CHILD CARE CENTER**

**ALLERGY INFORMATION  
EMERGENCY HEALTH CARE PLAN**

Child's Name: \_\_\_\_\_

Child is \_\_\_\_\_ allergic to \_\_\_\_\_ sensitive to: \_\_\_\_\_

Signs of Reaction May Include:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Can symptoms progress? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Known

Emergency Plan in case of ingestion of above-named food or contact with above-named item:

*Please note: If medication is required, it must be properly checked in at front desk.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date

\_\_\_\_\_ Director Signature \_\_\_\_\_ Date

**CLAIRMONT SCHOOL AND CHILD CARE CENTER**  
**3551 WATERWAY DRIVE**  
**DUMFRIES, VA 22025**

To Whom It May Concern:

In the event of injury or illness, the administration and teaching personnel at Clairmont School and Child Care Center has my permission for \_\_\_\_\_ to be treated by the Rescue Squad and/or nearest hospital.

*Note: If parents object to emergency medical treatment on the basis of religious or other grounds, then such objection must be stated in writing.*

The following information is very important in the treatment of your child:

Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_ appeared before me whose signature I have witnessed.

Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

*(Clairmont School will gladly notarize this form for you.)*

**CLAIRMONT SCHOOL AND CHILD CARE CENTER**

**PERMISSION SLIP FORM**

***(PLEASE NOTE THAT THERE ARE THREE SECTIONS TO THIS FORM)***

**FIELD TRIPS**

During the school year and summer camp program, we will be taking children (4 years old and up only) on various outings away from the school grounds. We are not permitted to take any child away from the school without a signed permission slip, therefore, failure to return this permission slip would mean that your child would be unable to participate in the field trips. Advance notice of trips is given to parents.

**OFF SITE SWIMMING TRIP PERMISSION**

*(Kindergarten through 5<sup>th</sup> grade only)*

**ON SITE SPRINKLER PLAY PERMISSION**

*(2 year olds through Pre-Kindergarten)*

We need specific permission to take your child (Kindergarten through 5<sup>th</sup> grade) on any swimming outings away from the school during the school year and/or summer program or for your child to use the sprinkler at the school (2 year olds-Pre-Kindergarten). Failure to sign the permission slip would mean that your child would be unable to accompany their class on such trips or outings.

**PUBLICITY PERMISSION**

The Clairmont School and Child Care Center staff take photographs of the children in their classes and on field trips. These photographs taken by our staff may be used for bulletin boards, classes or crafts. They may also be used on our [clairmontpreschool.com](http://clairmontpreschool.com) website or other Center social media sites.

Child's Name: \_\_\_\_\_

Field Trip Permission:     Yes     No

Swimming/Sprinkler Permission:     Yes     No

Publicity Permission:     Yes     No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**CLAIRMONT SCHOOL AND CHILD CARE CENTER**

**INFANT INFORMATION**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Other Family Members at Home \_\_\_\_\_

**Feeding Instructions:**

Formula: \_\_\_\_\_

Breastmilk: \_\_\_\_\_

Amount Per Feeding: \_\_\_\_\_

Heating Instructions: \_\_\_\_\_

Is Reheating Allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Schedule: \_\_\_\_\_

**Sleeping Instructions:**

Times: \_\_\_\_\_

Sleeping Position: \_\_\_\_\_

**Other Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**CLAIRMONT SCHOOL AND CHILD CARE CENTER  
PARENT/GUARDIAN POLICIES AND PROCEDURES**

The registration fee is non-refundable and is renewable each school year.

All required forms must be completed and submitted with the registration fee (payable by check or cash to the office) prior to your child's acceptance at Clairmont School and Child Care Center.

An interview with the Director is recommended before your child is considered registered with the Center.

Proof of identity and information regarding your child's previous child care and school attendance are required for all children upon initial enrollment and before child may attend. If proof of identity and information regarding your child's previous child care and school attendance is not provided within 7 days of your child's initial attendance at the Center, the Center is required to immediately notify the local law-enforcement agency in the area. (Section 63.1-196.002 of the Code of Virginia.)

The Center is required to report any suspected child abuse or neglect to the appropriate local Department of Social Services (Section 63.1-248.3 of the Code of Virginia).

All fees are to be paid in advance. Payments are due every two weeks on Monday. (Refer to Payment Schedule.)

If full payment is not received by close of business the next day, Tuesday, a \$10.00 late fee will be automatically charged to your account.

If full payment is not received at the end of the two week billing period, your child may not be allowed to return to the Center until the balance is paid in full.

A fee of \$25.00 per transaction will be charged for each returned check or electronic payment. Clairmont School reserves the right to refuse further payment by check.

A two week notice in writing is required, if, for any reason, you decide to withdraw your child. Payment for the two weeks will be required. Verbal notice to any staff member is not considered an official withdrawal.

If, in our opinion, we feel your child is in danger of hurting him/herself, our staff, or other children, we reserve the right to require the immediate withdrawal of your child.

A late fee of \$1.00 per minute per family will apply if your child is not picked up by 7:00PM.

If, after the initial daily health check, it is determined that your child is ill, you will be asked to not leave them for the day.

If your child becomes ill at any time during the day, you will be notified and asked to arrange for your child to be picked up as soon as possible (generally within 1 hour).

Parent must inform the center within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Clairmont School and Child Care Center will require the proper identification (with photo) of any person picking up your child.

All court costs and attorney fees incurred by Clairmont School and Child Care Center in collecting any unpaid balance will be the responsibility of the parent or guardian.

We/I have read and do agree to follow the above policies as well as those stated in the Parent Handbook.

\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date  
\_\_\_\_\_ Parent Signature \_\_\_\_\_ Date  
\_\_\_\_\_ Director Signature \_\_\_\_\_ Date