



## Pooh Corner Child Care Center

10251 Timber Ridge Drive

Ashland, VA 23005

(804) 550-2420



### Child

Child's Name	Nickname	Birthdate		Sex
Street Address	City	State	Zip	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

### Parents/Guardian

Father's Name	Placed Employed	Cell Phone		Business Phone
Work Address	City	State	Zip	Home Phone
Mother's Name	Placed Employed	Cell Phone		Business Phone
Work Address	City	State	Zip	Home Phone
Person(s) or Agency Having Legal Custody of Child				
Home Address	City	State	Zip	Home Phone
Business Address	City	State	Zip	Business Phone

### 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
1.	1
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.

(over)

## Agreements

1. The child day center 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 the child day center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.\*
3. The parent/guardian will 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.

## Health Insurance Information

Carrier	Policy Number
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## Signatures

Parents or Guardian	Date
Administrator of Center	Date

Expected Start Date	Date Child Entered Care	Date Child Left Care
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\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

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## Office Use Only Identity Verification

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Verified By

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification or 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, record from a public school in Virginia, or 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. 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 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.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_