Little Peeples World 30 W Williamsburg Rd Sandston, Virginia 23150

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



Child	Nickname	Date of Birth	Sex
Address		1	Home Phone
Chronic Physical Problems/Pertinent Developr	nental Information/Special Acc	ommodations Ne	eded
Previous Child Day Care Programs and School	s Attended		
If Child Attends this Center and Another School	ol/Program, Give Name of Scho	ool/Program	Grade
	PARENT(S)/GUARDIAN(S)		
Father	Place Employed		Business Phone
Home Address			Home Phone
Mother	Place Employed		Business Phone
Home Address			Home Phone
Frome Address			Tione I none
Person(s) or Agency Having Legal Custody of	Child		
Home Address			Home Phone
Business Address			Business Phone
EN	MERGENCY INFORMATIO	N	
Allergies or Intolerance to Food, Medication, e			
Child's Physician			Phone
Two People To Contact if Parent(s) Cannot	Address		Phone
Be Reached			
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 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

Parent(s) or Guardian(s)			Date
Administra	tor of Center		Date
Date Child Entered Care:	Da	te Left Care:	
** If there is an objection to seeking guardian(s) that states the objection		The state of the s	from the parent(s) or
Suardian(3) that states the objection			
guardian(s) that states the objection	OFFICI	E USE ONLY VERIFICATION	
If proof of identity is required and	OFFICI IDENTITY	E USE ONLY VERIFICATION	
	OFFICI IDENTITY	E USE ONLY VERIFICATION	Date Issued

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.

Date

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

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.

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