

2017 – 2018
SCHOOL YEAR

\$190 Reg. & Supply fee Pre-k
\$275 Reg. & Supply fee for K

REGISTRATION FORM



2844 North Landing Road
Virginia Beach, VA 23456
757-563-2844

Child	Nickname	Date of Birth	Sex
Address	City	State	Zip
Home Phone			
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			Cell Phone

Previous Child Day Care Programs and Schools Attended

If Child Attends this Center and Another School/Program, Give Name of School/Program	Grade
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Father	Place Employed	Business Phone	
Home Address	City	State	Zip
Home Phone			
Mother	Place Employed	Business Phone	
Home Address	City	State	Zip
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 (see last page)

Child's Physician - Address, City and Zip	Phone	
Two People to Contact if Parent(s) Cannot Be Reached	Address, City and Zip	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		

Person(s) NOT Authorized to Pick Up Child*

Email address(s) to be used in case of an emergency - - this would be in addition to phone calls. We will send out a mass email if we are able to update parents on any emergency situation at the school.	1.
	2.

NOTE: PLEASE ENSURE EVERY BLOCK/SECTION OF THE REGISTRATION FORM IS FILLED IN. THANK YOU!

AGREEMENTS

1. Bullfrogs and Butterflies 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. In addition, the parent agrees to notify the school within 24 hours or the next business day after his/her child or any member of the immediate household had developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
2. The parent(s)/guardian(s) authorize Bullfrogs and Butterflies to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. Other _____

SIGNATURES

Parent(s) or Guardian(s) _____ Date _____

Administrator of Center _____ Date _____

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

Provided Copy

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 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.

Active Duty Military discount applies: YES or NO If YES, branch and location? _____

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Does your child require any physical or developmental accommodations? If so, please describe below. Should there be any supplementary emergency information please provide additional detail in this section?

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