

# Ms. Babs' Nursery School, LLC

## Child Enrollment Information

Child's name: \_\_\_\_\_  
*First Middle Last*

Name child goes by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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Parent/ Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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Mother's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Child Enrollment Information (cont.)

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Emergency Contact person(s) that live in town:

1-Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2-Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Additional persons who may pick up your child with verbal or written permission on a given specified day(s) stated by the parent or guardian.

1-Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

2-Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

3-Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Child Enrollment Information (cont.)

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Are immunizations up to date? \_\_\_\_\_

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

Medications taken on a regular basis: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital of choice: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

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Emergency Medical Care:

I, \_\_\_\_\_ and/or \_\_\_\_\_, hereby grant permission on this date \_\_\_\_\_ for Ms. Babs' Nursery School to secure the necessary emergency medical treatment for my child, \_\_\_\_\_ in the event that I cannot be reached to authorize the same.

I verify that all the information listed is current and true of nature:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's and/or Guardian's signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's and/or Guardian's signature)

## Child Enrollment Information *(cont.)*

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Please provide a complete "picture" of the whole family by listing any other members of the household: (grandparents, siblings, pets...)

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Please list any disabilities, major surgeries or reoccurring illnesses that your child has (or had) as this could be useful information in the daily care of your child.

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Parents have different expectations of what a great child care experience for their child should include. We find it very helpful and informative to know these expectations in advance. Please list three of the most important activities/skills that you hope your child will experience/develop while at Ms. Bab's Nursery School.

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

Any other information that you would like to share with us: \_\_\_\_\_

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Previous child care center: \_\_\_\_\_

Previous center location & number: \_\_\_\_\_

**Office Use Only**

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

Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Medical Records: \_\_\_\_\_ Proof of Birth Certificate: \_\_\_\_\_

Child Care Enrollment Form: \_\_\_\_\_

Child Care Agreement Form: \_\_\_\_\_

Transportation Authorization Form: \_\_\_\_\_

Receipt of Enrollment fee: \_\_\_\_\_

Receipt of fee for first week of care: \_\_\_\_\_

Any Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Ms. Babs' Nursery School, LLC

## Child Care Agreement

*The following agreement is made between:*

Ms. Babs' Nursery School, LLC  
2319 Grove Ave.  
Richmond, VA 23220  
804-353-5019

*and*

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

### ***For the provision of child care for:***

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

The terms of this agreement are subject to review on the anniversary of your child's start date. Any changes and additions must be signed by both parties for existing care to continue beyond this time period.

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### ***The terms of our agreement are as follows:***

- Days and Hours of Care: 7:30 a.m. to 6:00 p.m. unless previously arranged
- Parents are responsible for all "Supplies" listed in the Parent Handbook
- Lunch, morning and afternoon snack will be furnished by Ms. Babs' Nursery School, provided the child is eating table foods.
- Parents must provide, written notice, two weeks in advance, if they would like to alter their child's schedule.

- For the termination of care, parents agree to submit to Ms. Babs' Nursery School a two weeks written notice. Fees for the final two weeks of care are to be paid at the time of notice. In cases of non-payment, legal actions may be taken and parents will pay any legal fees incurred.
- Ms. Babs' Nursery School agrees to give two weeks written notice if the child is to be terminated from care. Any abuse or violation of the policies in the Parent Handbook may be cause for termination.
- Ms. Babs' Nursery School can enforce immediate termination for dangerous parental situations. An immediate termination may be given for the above or any other reason at the discretion of Ms. Babs' Nursery School.
- Written notification will be given by the center for increases in child-care fees and unscheduled center closings. Emergency situations are an exception and will be dealt with on a case by case situation.
- It is the parents' responsibility to provide back-up care for center closings due to center vacations, scheduled holidays, and emergencies, etc.
- Written notification will be given by the parent for vacation periods and/or extended absentee days. Full tuition is expected for absent days with the exception of one vacation week per contractual year.
- A late fee will be enforced for reoccurring late pick-up (A \$5.00 charge for the first 1-5 minutes and \$2/minute there after)
- Tuition payments are due the first of each week. Late payments will result in a \$15.00 late fee with a \$2/day charge for each additional day late. Two weeks of non-payment will result in immediate termination of care.

The undersigned have read, understood, and agree to the terms and conditions as stated, as well as those stated in Ms. Babs' Nursery School Parent Handbook.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Ms. Babs Nursery School, LLC

## PHOTO CONSENT

Activities during the pre-school years provide many memory-making experiences. All of us love to record these memories in the photographs and many parents enjoy coming into the pre-school classroom to photograph children's birthday celebrations. In order to insure that your child is not photographed in any situation without your permission, we are asking for your written consent. At Ms. Babs' Nursery School, there will be opportunities to take photographs and videos of our students. These opportunities include classroom parties, birthday parties, field trips, gifts and every day activities. Photographers could include parents or Ms. Babs' Nursery School staff.

By signing the form below, you are giving your consent to the taking and use of photographs as explained above.

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



Ms. Babs' Little Nursery School, llc  
Release Form

I give permission for Ms. Babs' Nursery School, llc to print and distribute my name, child's name, address and phone in the school directory.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I give permission to Ms. Babs' Nursery School, llc as well as other parents of Ms. Babs' Nursery School, llc to take photographs of my child(ren). Picture taken are solely used for school decorations and personal documentation of children's growth and achievements. No pictures will be printed on mailings, advertisements, or websites for Ms. Babs' Nursery School, llc without written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Ms. Babs' Little Nursery School, LLC

## Medication Authorization

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

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to Be Administered: \_\_\_\_\_

Medication needs to be in its original container and may not be given for more than two weeks unless accompanied by a written note from your child's physician.

This form authorizes Ms. Babs' Nursery School to administer medication in accordance to doctor's orders, or parent's instructions, if a non-prescription medication is required.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicine Log: \_\_\_\_\_

Date	Dosage	Time Given	Administered By	Date	Dosage	Time Given

# Ms. Babs' Little Nursery School, LLC

## Transportation Policy

### **Walking Transportation:**

- Children are expected to use the buddy system when walking.
  - All children are expected to stay with their teacher and follow directions at all times.
  - Children who are frequently disruptive may be asked to find alternative transportation or may not be able to participate in future outings.
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### **Transportation Authorization Form**

I, \_\_\_\_\_, give permission to Ms. Babs' Nursery School to provide transportation for my child, \_\_\_\_\_ for school outings or after-school pick-up, if applicable. I have read the Transportation Policy and have taken the time to review the rules with my child.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**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

\_\_\_\_\_

*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.

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## OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

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.