

**ANNANDALE PLAY-CARE, INC.**  
**2023-24 REGISTRATION FORM**

**CHILD'S INFORMATION**

CHILD'S FULL NAME:		NICKNAME:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DOB (MM/DD/YYYY):
CHILD'S (FULL MAILING) HOME ADDRESS:				
CITY:	STATE:	ZIP:	PRIMARY PHONE #:	
CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMMODATIONS NEEDED:				
Previous Child Day Care Programs and Schools Attended and How Long?			DATE OF CHILD'S LAST TETANUS SHOT:	

**PARENT(S) / GUARDIAN(S) INFORMATION**

<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> GUARDIAN	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> GUARDIAN
FULL NAME:			FULL NAME:		
HOME ADDRESS ( <input type="checkbox"/> Check if SAME as CHILD'S): ____ (Initial)			HOME ADDRESS ( <input type="checkbox"/> Check if SAME as CHILD'S): ____ (Initial)		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP
PRIMARY PHONE #:( <input type="checkbox"/> Check if SAME as CHILD'S): ____ (Initial)			PRIMARY PHONE #: ( <input type="checkbox"/> Check if SAME as CHILD'S): ____ (Initial)		
CELL PHONE #			CELL PHONE #		
EMAIL ADDRESS:			EMAIL ADDRESS:		
EMPLOYER' NAME:			EMPLOYER'S NAME:		
EMPLOYER'S ADDRESS:			EMPLOYER'S ADDRESS:		
EMPLOYER'S PHONE #			EMPLOYER'S PHONE #		

\*Person (s) or Agency having LEGAL Custody of Child:

**EMERGENCY INFORMATION**

**Allergies or Intolerance to FOOD, MEDICATION, etc., and ACTION to take in an EMERGENCY:**

Physician's Name:			Physician's phone number:		
Name of a relative, friend or otherwise responsible person to contact in case parents cannot be reached:					
1. Name:			2. Name:		
Relationship:	PRIMARY PHONE:		Relationship:	PRIMARY PHONE:	
Home Street Address:			Home Street Address:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
DAYTIME PHONE:	CELL PHONE:		DAYTIME PHONE:	CELL PHONE:	

Person(s) authorized to pick up child:

\*Person(s) NOT authorized to pick up child: ANYONE ELSE THAT IS NOT LISTED ABOVE WITHOUT PARENTS' APPROVAL.

\*Appropriate paperwork such as custody papers must be attached if a parent is not allowed to pick up the child.

<b>OFFICE USE ONLY (IDENTITY VERIFICATION)</b>			
Date Enrolled: (MM/DD/YYYY): / /20 (Updated / /20 )	Tuition Rate: \$ per WEEK	REGISTRATION / + ACTIVITY FEES: WAIVED	DATE FEES Paid: (MM/DD/YYYY): / /20
CHILD'S BIRTH CERTIFICATE NUMBER:	DOB (MM/DD/YYYY):	PLACE OF BIRTH:	DATE ISSUED:

Other forms of proof:

- Proof of 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, 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 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.

Verification viewed on \_\_\_\_\_ and documented by \_\_\_\_\_ on behalf of Annandale Play-Care, Inc.  
DATE ANNANDALE PLAY-CARE REPRESENTATIVE

**ANNANDALE PLAY-CARE, INC.**  
**2023-24 REGISTRATION FORM**

**AGREEMENT**

**I. Permission.**

- A. **Field Trips.** Unless parent/guardian specifies otherwise in writing, it shall be agreed that the child has parent/guardian permission to participate in all Center activities, including bus trips, sports activities, and center-sponsored field trips (on or away from the Center's premises). \_\_\_\_\_ **(Initial in Ink)**
- B. **Medical Emergencies.** The parent / guardian gives authorization to Annandale Play-Care, Inc. to obtain immediate medical care for their child/ or children if an emergency occurs when he / she cannot be located immediately. \_\_\_\_\_ **(Initial in Ink)**
- C. **Health Policy.** Parent/guardian agrees that if the child's temperature rises above 100 degrees or shows other signs of communicable illness (diarrhea, pink-eye, or vomiting) while at the Center; **the parent/guardian will make every effort to have the child picked up within ONE hour.** \_\_\_\_\_ **(Initial in Ink)**
- D. **Communicable Disease Notification.** Parent/Guardian agree to notify the Center **within 24 hours** of any communicable diseases contracted by their child. \_\_\_\_\_ **(Initial in Ink)**
- E. **Duty of Care.** The Center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is in its custody. If the parent /guardian fails to pick up their child and the closing supervisor has tried every avenue to reach the parent/guardian—Annandale Play-Care, Inc. reserves the option to first call the police and then Child Protective Services. If any employee at Annandale Play-Care, Inc. suspects child abuse, Child Protective Services will be notified. \_\_\_\_\_ **(Initial in Ink)**
- F. **Respectable Conduct is always expected.** The parent/guardian agrees to ensure that their child follows and adheres to the policies of the center and any other facilities visited. Students may be restricted from attending field trips if / when their behavior warrants concern (any conduct that may endanger the safety of the child or others). If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care reserves the right to withdraw any student and / or their family. \_\_\_\_\_ **(Initial in Ink)**
- G. **Use of Pictures.** Parent/guardian hereby give permission for use of picture(s) and/or video/ audio recordings of child participating in Center activities for Center publicity purposes. \_\_\_\_\_ **(Initial in Ink)**
- H. **ProCare (Tuition Express) Enrollment.** The Parent / Guardian authorize Annandale Play-Care, Inc. to upload the contents of their child's registration packet to ProCare (Tuition Express). \_\_\_\_\_ **(Initial in Ink)**

**II. Indemnification.** I agree to indemnify and hold the Annandale Play-Care, Inc. and all its employees and agents harmless for any liability whatsoever, to my child or any guardian or any parent thereof because of any injury or alleged injury to my child. In the event legal action is instituted against the Center or any employee or agent thereof and the person instituting such action is not the prevailing party, I agree immediately upon demand to reimburse the Center, its agents, and employees for all attorney's fees, costs and other expenses incurred by the Center and its agents in defending any action against them. \_\_\_\_\_ **(Initial in Ink)**

**III. Payment.**

- A. **I agree to pay the established WEEKLY TUITION in advance, payable on the first (1<sup>st</sup>) day of each week (OR CCAR Family Co-Pays for CCAR Clients, are due on the first day of each month).** \_\_\_\_\_ **(Initial in Ink)**
- B. **I understand there will be no deductions from the Tuition for absences or Center Closures.** \_\_\_\_\_ **(Initial in Ink)**
- C. **I understand that this contract is in effect for 12 months from the date signed.** \_\_\_\_\_ **(Initial in Ink)**
- D. **If I withdraw my child, I agree to GIVE 2 WEEKS WRITTEN NOTICE AND PAY the REMAINING WEEKS OF MY CONTRACT (AND ANY UNPAID Balance on my account) IN FULL.** \_\_\_\_\_ **(Initial in Ink)**
- E. I will pay a service charge of Twenty-Five Dollars (\$25.00) per week if my tuition is not paid within the set Center policies of the payment. \_\_\_\_\_ **(Initial in Ink)**
- F. In the event a check (of mine) is returned by my bank for any reason, I agree to pay a processing charge to the Center of FIFTY Dollars (\$50.00). \_\_\_\_\_ **(Initial in Ink)**
- G. I also agree to pay reasonable attorney's fees and other costs and expenses incurred by the Center in collecting or attempting to collect any obligations which I owe to the center. \_\_\_\_\_ **(Initial in Ink)**

**By signing below, I hereby acknowledge that I have read, understood, and agree to all policies set forth in this contract and agree to abide by all terms in this agreement. This Agreement shall be effect for as long as my child is enrolled at Annandale Play-Care, Inc.**

**SIGNATURES**

\_\_\_\_\_  
Mother / Legal Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Father / Legal Guardian

\_\_\_\_\_  
DATE

**OFFICE USE ONLY (FILE COMPLETION VERIFICATION)**

DATE COMPLETED:	(PRINT) NAME OF A.P.C. REP VERIFYING FORM:	A.P.C. REPRESENTATIVE'S SIGNATURE:

**ANNANDALE PLAY-CARE, INC.**  
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**BEHAVIOR CONTRACT**

We, \_\_\_\_\_, the parents of \_\_\_\_\_, agree to the withdrawal policy (two weeks' notice) if my child's behavior endangers the safety and well-being of any child or staff at Annandale Play-Care, Inc.

The parent(s) / guardian(s) agree to ensure that their child follows and adheres to the policies of the center. If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care, Inc. reserves the right to withdraw any student and / or their family.

**Your signature below is to indicate that you are aware of the withdrawal policy and procedures and that you will give reinforcing instruction of appropriate behavior at home.**

**SIGNATURES**

\_\_\_\_\_  
Mother / Legal Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Father / Legal Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Annandale Play-Care Inc. Representative  
OR Administrator

\_\_\_\_\_  
DATE

