



REGISTRATION FORM

Child's full name		Preferred name		Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Child's address			Home phone		Date of Birth
CELC allows children to attend a maximum of 10 hours per day. What is your preferred schedule?			Arrival Time		Departure Time
Parent/Guardian #1			Place of Employment		
Address <input type="checkbox"/> same as child <input type="checkbox"/> no permanent address			Home phone	Business phone	Cell phone
Email Address					
Best way to be reached during CELC hours?					
Parent/Guardian #2			Place of Employment		
Address <input type="checkbox"/> same as child			Home phone	Business phone	Cell phone
Email Address					
Best way to be reached during CELC hours?					
Person(s) or agency having legal custody of child (if other than persons listed above)					<input type="checkbox"/> N/A
Home address (if different than above) <input type="checkbox"/> N/A				Home phone <input type="checkbox"/> N/A	
Business address (if different than above) <input type="checkbox"/> N/A				Business phone <input type="checkbox"/> N/A	
Siblings (include step brothers and sisters if applicable)			Our child's name, parents' names, home phone number, and address may be included in the class roster to be distributed to CELC families. <input type="checkbox"/> yes <input type="checkbox"/> no Our family has internet access and is comfortable receiving program and class newsletters via email and ProCare electronic communication. <input type="checkbox"/> yes <input type="checkbox"/> no		
First Name		Age			
1. _____	_____	_____			
2. _____	_____	_____			
3. _____	_____	_____			
4. _____	_____	_____			

INTRODUCTION TO YOUR CHILD

What are your child's interests, favorite activities and/or toys?

Does your child have specific anxieties or fears? yes no
If yes, please describe.

Describe your child's toileting routine. How frequently does he or she have accidents?

What childcare programs, home care, or schools has your child attended?

Does your child speak English? yes no

Are there languages other than English spoken in your home? yes no
If yes, what languages?

Is there information you would like to share about your child's language and how the CELC can support your family?

Do you wish to receive communication from Connections Early Learning Center in a language other than English?
 yes no

If yes, what language?

Is there information you wish to share about your family's beliefs, practices, or structure that will help us in learning to know your child and meeting his or her needs at CELC? If your family celebrates religious holidays, please tell us what those are.

HEALTH INFORMATION

Does your child have speech, hearing, sight, or motor difficulties? yes no

If yes, please describe thoroughly and provide any information that will help the teaching staff respond to the condition appropriately.

Does your child have allergies or intolerances to food, medication, or other substances? yes no

If yes, please describe.

May information about his or her allergy and/or intolerance be posted in the classroom to facilitate staff awareness and compliance with the child's needs? yes no

VDOE licensing requires the completion of an Allergy Care Plan for a Child Diagnosed with Food Allergies for the condition that must be signed by your child's physician prior to attending. Contact the CELC Director for a copy of this form and to schedule a time to develop this plan. The form is also available online at: connectionsearlylearning.org.

Does your child have a chronic health condition or health limitations in addition to those described above? yes no

If yes, please describe.

VDOE licensing requires the development of an Individual Health Care Plan that must be signed by your child's physician prior to attending. Contact the CELC Director for a copy of this form and to schedule a time to develop this plan.

Does your child take medication regularly? yes no

If yes, please describe.

In what ways does the medication affect your child's behavior?

Medication will be administered at CELC for emergency medical conditions only. Does your child's medication meet this criterion? yes no

If yes, VDOE licensing requires submission of a Written Medication Consent that must be completed and signed by the physician, parent, and program annually. Please contact the CELC Director for a copy of this form so it can be completed prior to attending.

The active ingredients in sunscreen, insect repellent, diaper cream and hand cream are considered medications. As such, to be stored or administered by CELC completion of a VDOE Written Medication Consent must be completed. Insect Repellent, Diaper Cream, sunscreen, and hand cream must be provided by the parent in its original container labeled with the child's name.

Food Program

I would like for my child to:

- Opt in to the food program and all meals will be provided by CELC.**
- OR**
- Opt out of the food program and all meals will be provided from home.**

Permission for Use of Photography for Promotional and Educational purposes.

The Connections Early Learning Center (CELC) website provides descriptions of all its programs and is used as a tool for communicating with families, students, and the public. An attempt is made to keep information and images as current as possible. With parental permission, pictures of children involved in CELC activities are used without personal identification on the website and in promotional materials for the Center.

Pictures of my child may be included on the CELC website and in CELC promotional materials without use of his or her name.

yes **no** _____ **Parent's Initials**

Teachers and administrators of CELC also use a private electronic communication tool (Procare) to share information with families. Photos of class activities and accompanying learning objectives will be posted regularly to support a strong connection between the Center and home.

Pictures of my child may be included in closed electronic communication from teachers and administrators.

yes **no** _____ **Parent's Initials**

I _____ (parent's name) understand that photos of children other than my own made available by CELC as described above, may not be copied or shared outside the closed electronic communication through CELC (on Facebook, Instagram, etc). Violation of this agreement will lead to disciplinary action which may include the dismissal of my child from the CELC program.

Date

Printed name of parent or guardian

Signature

OFFICE USE ONLY - IDENTITY VERIFICATION

PROOF OF AGE AND IDENTITY			
Name and Locations (City and State) of Previous Child Day Center Program and Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		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'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 a copy of the entrustment agreement conferring temporary legal custody of the 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 to or from the school (i.e., before or after school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 22.1-289.049 of the Code of Virginia states the proof of identity, if reproduced or retained by the child care program, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for disposal of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents including shredding or marking out numbers to make them unreadable or indecipherable. 032-05-252/11 (06/05)

AGREEMENTS

1. Connections Early Learning 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 requested by the center.
2. The parent(s)/guardian(s) authorize Connections Early Learning Center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardian(s) agree to inform Connections Early Learning Center within 24 hours or the next business day after the 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/Guardian _____ Date _____

Center Administrator _____ Date _____

** 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.