

ASLAN CASTLE Early Learning Center
CHILD CARE ENROLLMENT APPLICATION



CHILD INFORMATION INFORMATION		
Child's Full Name:		Nickname:
Date of birth:	Sex:	Home Phone:
Current Address:		
City:	State:	ZIP Code:
PERTINENT DEVELOPMENTAL/PHYSICAL OR SPECIAL ACCOMODATION INFORMATION		
ALLERGIES/INTOLERANCES TO FOOD OR MEDICATION:		
ACTION TO TAKE IN EVENT OF EXPOSURE TO ALLERGEN:		
PREVIOUS SCHOOL OR CHILDCARE CENTER		
IF CHILD ATTENDS ANOTHER SCHOOL PROGRAM IN ADDITION TO ASLAN CASTLE ELC, PROVIDE PROGRAM INFORMATION BELOW:		
Name of School/Program:		Current Grade:
Address		
City	State	Zip Code
PARENT/GUARDIAN INFORMATION		
Mother's or Guardian's Name:		Home Phone:
Address		Cell Phone:
City:	State:	ZIP Code:
Employer:		Business Phone:
Employer's Address:		
City:	State:	ZIP Code:
Father's or Guardian's		Home Phone:
Address:		Cell Phone::
City:	State:	ZIP Code:
Employer		Business Phone
Employer's Address		
City:	State:	Zip
Mother's or Guardians Email:		
Father's or Guardians Email:		
EMERGENCY CONTACTS (TWO REQUIRED)		
Contact's Name:		
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
Contact's Name:		
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:



PERSONS AUTHORIZED TO PICK UP CHILD FROM CHILD CARE FACILITY

I understand it is my responsibility to notify the center of any changes to this authorization.

Full Name:		
Last 4 digits of drivers license:		Relationship:
Full Name:		
Last 4 digits of drivers license:		Relationship:
Full Name:		
Last 4 digits of drivers license:		Relationship:

PERSONS PROHIBITED FROM PICKING UP CHILD FROM CHILD CARE FACILITY

*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.

Full Name:	Relationship:
Full Name:	Relationship:

PHYSICIAN/CLINIC/HOSPITAL INFORMATION

Child's Physician or Clinic:	Phone:
Address:	
Preferred Hospital:	Phone:
Address:	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I authorize Aslan Castle early Learning Center to obtain immediate medical care for _____ and consent to hospitalization, diagnostic testing, surgery and administration of drugs to treat my child in a critical emergency requiring medical care and if I cannot be located immediately.

I understand that I/we will be responsible for payment of all medical expenses.

I understand that center staff will provide first aid/cpr and take appropriate measures including contacting the emergency medical services (EMS) system.

I understand center staff will arrange for medical transportation to _____ or the nearest emergency medical facility if necessary. At no time will a staff member drive with my child unless accompanied by another adult.

My child's medical treatment cost are covered by the provider listed below

Name of Insurance Company	Policy/Identification Number	Group Number

In case of a medical emergency I understand that a staff member of Aslan Castle ELC will attempt to contact the

Mother or Guardian at	Phone	Between	am	and	pm
Father or Guardian at	Phone	Between	am	and	pm

If neither parent/guardian is available in an emergency the staff member will attempt to call

Emergency Contact 1	Phone:	Between	am	and	pm
Emergency Contact 2	Phone:	Between	am	and	pm

** If there is an objection to seeking emergency medical care, a statement must be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

Signature of Parent or Guardian	Date:
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FIELD TRIPS & ACTIVITIES

I understand that I must give written permission for field trips/excursion and that I will be notified when they are planned. I understand that my child will participate in center activities and use center equipment.

PHOTO & VIDEO AUTHORIZATION

I _____ do _____ do not give permission to have my child's picture taken for the following purposes

Center TV Commercial/Billboard	Yes	No
Posted in Center	Yes	No
Posted on Center's website or Facebook page	Yes	No

ACKNOWLEDGEMENTS

- A I have received a copy of Aslan Castle Early Learning Center policies pertaining to Admission, Care, Tuition and Fees, Sick Child & Infection Control and Discharge of children.
- B 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.
- C 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. **
- D 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.
- E I understand tuition is due on Monday in advance of care and a \$_____ registration fee is required on or before my child's first day of care. I/we will pay tuition _____ weekly _____ bi-weekly _____ monthly. I understand that failure to pay tuition as agreed will result in my child not being accepted for care.
- F By signing this document I agree to the terms and conditions outlined in the Parent/Staff Handbook, this application and understand that

Mother's / Guardian's Signature:	Date:
Father's/ Guardian's Signature:	Date:
Date Child Began Program:	Date Child Left Program:

IDENTITY VERIFICATION

Please present a certified copy of your child's birth certificate for documentation purposes

Place of Birth	Birth Date	Birth Certificate Number	Date Issued	Date explained to parent
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'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 identify 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 form 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 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.032-05-252/11 (06/05)



SICK CHILD & INFECTION CONTROL POLICY PARENT AGREEMENT

Child's Name: _____ Teacher _____

This childcare center is a well childcare facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness or exhibits any of the following symptoms:

- *Fever of 101 degrees or above *Vomiting, excessive over typical infant spit up *Diarrhea
- *Conjunctivitis (pink eye) *Complaints of ear or stomach pain *Head lice
- *Bleeding other than minor cuts and scraps *Nasal discharge (indicating infection)

****Any communicable disease that will place others health at risk****

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or a temperature below 99.5 degrees your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play with other students, cries continuously, whines and wants to be held constantly, then your child will need to stay home on that particular day.

Any child requiring prescription medication will need to be kept at home for a period of at least 24 hours until no longer contagious, unless accompanied by a signed note from the child's medical practitioner. No medication can be kept on premises for more than 14 days.

Please dispense all medications at home whenever possible. For times when this is not possible, a Medicine Consent Form must be filled out in order for us to dispense any medications. All prescription and over the counter medications must be in their original container (s), and prescriptions must display the pharmacist's label with the doctor's name. In addition, a signed note must accompany all prescriptions prescribed more than 10 days/week from the child's medical practitioner.

Has your child had any of the following diseases, please check all that apply:

- Chicken pox German Measles Mumps Diabetes Red measles Rheumatic fever
- Asthma Scarlet fever Polio Seizures Allergies Others _____

Under the VA Departments of Social Services standard: 22 VAC 15-40-110-A-3, Parents must notify Aslan Castle Early Learning Center when your child or other children within your home contracts a reportable communicable disease.

I have read and understand this infection control policy, and I agree to abide by it for the protection of my child as well as for the other children and staff members of Aslan Castle Early Learning Center - Lynchburg, VA 24502.

The infection control policies and procedures have been presented and explained to _____

The Parent(s)/Guardian by Aslan Castle ELC on Date: _____

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

Parent/Guardian's Signature:	Date:



FOR OFFICE USE ONLY

ANNUAL APPLICATION REVIEW AND UPDATES

Review Date: _____ Review Date: _____ Review Date: _____ Review Date: _____

EMERGENCY CONTACT CHANGES

Contact's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
Contact's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:

SCHOOL OR OTHER PROGRAM CHANGES

Name of school or program:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
Name of school or program:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:

PARENT ADDRESS/PHONE NUMBER CHANGES

Mother's/Guardian's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	
Father's/Guardian's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	