



Child Registration Form

Child's First and Last Name:	DOB:	Gender:
Address:		Cell #:
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed		
If Child Attend this Center and Another School/Program, Give Name of School/Program		Grade or Class level

PARENT(S)/GUARDIAN(S)

Parent's First and Last Name:	Place of Employment:	Work Phone#:
Home Address:		Cell Phone #:
Parent's First and Last Name:	Place of Employment:	Work Phone#:
Home Address:		Cell Phone#:
Person(s) or Agency Having Legal Custody of Child		
Home Address:		Cell Phone#:
Work Address:		Work Phone#:

EMERGENCY INFORMATION

Allergies or intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician:		Telephone Number:
Two People To Contact if Parent(s) Cannot Be Reached	Address	Cell Phone #:
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) NOT 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 (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's 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 emergency 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

First Date of Attendance: _____ Last Date of Attendance: _____

** 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

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'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 § 22.1-289.049 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..

CHAMPION EARLY LEARNING CENTER

5343 Fallowater Lane | Roanoke, VA 24018 | Tel: 540-595-9020 | Email: championearlylearningcenter@gmail.com



FIELD TRIP PERMISSION FORM

Destination of Field Trip	
Date of Field Trip	
Duration of Field Trip	From: To:

Mode of Transportation:

Walking

School bus

Public transportation

Center Bus/Van

Other vehicle

I grant permission for my child to participate in the field trip described above. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

Parent's Signature: _____

Date: _____

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GENERAL PERMISSION FOR REGULARLY SCHEDULED TRIPS

Child's Name:

Routine Trip
Destination(s)

Mode of Transportation:

Walking

School bus

Public transportation

Center Bus/Van _____ Name of Driver

Other vehicle

I grant permission for my child to participate in the regularly scheduled trips described above. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

Parent's Signature:

Date:

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INJURY-ACCIDENT REPORT

Date of Injury: _____ Time of Injury: _____

Name of Injured Child: _____

Staff Present: _____

Location where injury or accident occurred (i.e. kitchen, play yard):

Circumstance of the injury:

EQUIPMENT OR TOYS INVOLVED

☐ Swing Set ☐ Sandbox ☐ Slide ☐ Trike/Bike ☐ Climber ☐ Other: _____

PART(S) OF THE BODY INJURED

☐ Eye ☐ Ear ☐ Nose ☐ Mouth ☐ Teeth ☐ Neck ☐ Arm ☐ Wrist ☐ Hand ☐ Leg ☐ Ankle

☐ Foot ☐ Head ☐ Other: _____

TYPE OF INJURY

☐ Cut ☐ Puncture ☐ Scrape ☐ Bruise or Swelling ☐ Sprain ☐ Dislocation ☐ Broken Bone

☐ Burn ☐ Crushing Injury ☐ Loss of Consciousness ☐ Other: _____

EMERGENCY CARE OR MEDICAL TREATMENT

Required: ☐ Yes ☐ No Type: _____

TREATMENT OF THE INJURY

☐ Pressure ☐ Elevation ☐ Cold pack ☐ Washing ☐ Applied Antiseptic ☐ Band-Aid

☐ Bandage ☐ Other: _____

Any Future Action to Prevent Recurrence of Injury:

Date Parent(s) Notified: _____

How were parents notified: _____

(in person, telephone, message machine, email)

Time parents notified: _____

Caregiver Signature: _____

Caregiver Signature: _____

Parent Signature: _____

NOTE: The parent must be notified IMMEDIATELY if a child requires emergency medical treatment, sustains a serious injury or of any confirmed or suspected allergic reaction and the ingestion of or contact with any food in the written care plan. The parent must be notified the same day of minor injuries. Providers must maintain a written record of injuries in which entries are made the day of occurrence.

Any injury to a child that occurs while the child is under the supervision of the center and requires outside medical attention must be reported as soon as practical to the department, but not to exceed two business days.

Reports can be filed online at <https://doe.virginia.gov/cc/community/index.html?pageID=10>

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Authorization Form for Non-prescription Over-the-Counter Skin Products 8VAC20-780-520

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

_____ has my permission to apply the non-prescription
(Name of Center)

over-the-counter (OTC) skin product listed below to my child _____
Child's Name

Product Name: _____

Known Adverse Reactions (if any): _____

- All OTC products must:
 - Be in the original container and, if provided by the parent, labeled with the child's name
 - Be used according to manufacturer's recommendation and instructions for application
 - Not be used beyond the expiration date of the product
- Sunscreen:
 - Must have a minimum sunburn protection factor (SPF) of 15
 - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
 - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
 - Shall be kept inaccessible to children
 - Record of use shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's Signature: _____ Date: _____

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DAYCARE PHOTO RELEASE FORM

I, _____, the parent of a child/children at _____

(Hereinafter known as the "Daycare"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature

Date

Relationship To Child