



<input type="checkbox"/> Waitlist Paid <input type="checkbox"/> Desired enrollment <input type="checkbox"/> Class <input type="checkbox"/> Subsidy	FOR OFFICE USE ONLY Application Received _____ Registration Paid _____ Interview/Tour Date _____ Tuition Paid _____ Date of Enrollment _____ One Time Donation Accepted? _____ Withdrawal (30 days notice given?) _____ Referred by: _____ Date child entered care _____ Date child left care _____ Administrator Signature: _____
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School Year 2011-2012

1. Child's Information

Child's Name _____ Child's Nickname _____ Date of Birth _____ Age _____ Sex _____
 Child's Address _____ City _____ State _____ Zip _____ Home Phone _____
 Previous Child Day Care/Programs and Schools Attended _____
 If child attends this center and another school/program, please provide name of program _____
 Medication, chronic physical problems, pertinent developmental information, special accommodations needed _____

2. Parent/Guardian Information

Parent/Guardian _____ Address _____ Home Phone _____ Cell Phone _____ Business Phone _____ Fax _____ Employer _____ Employer Address _____ Email (required) _____ Name of person(s) with legal custody _____ Home Phone _____ Home Address _____ Cell phone _____ Employer _____ Employer Address _____ Employer Phone _____	Parent/Guardian _____ Address _____ Home Phone _____ Cell Phone _____ Business Phone _____ Fax _____ Employer _____ Employer Address _____ Email (required) _____
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3. Emergency Contacts

Please list 2 LOCAL persons other than the parents to notify in case of emergency, who are also authorized to pick your child up.

Name _____ Address _____ City _____ State _____ Zip _____
 Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____ City _____ State _____ Zip _____
 Relationship to child _____ Home Phone _____ Cell Phone _____

4. Pick-Up Authorization

Please list the people you would like to authorize to pick up your child (they will need to bring their ID to the front desk then proceed to classroom):

WCLC must be notified in writing if another person besides those listed above is to pick up your child.

5. Enrollment Data

Infant/Toddler Program: <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers PreSchool: <input type="checkbox"/> Younger 2's <input type="checkbox"/> Older 2's <input type="checkbox"/> 3's <input type="checkbox"/> PreK <input type="checkbox"/> TK <input type="checkbox"/> Montessori	School Aged Children: <input type="checkbox"/> Before and After and/or <input type="checkbox"/> Summer Rec Elementary School _____ Teacher's Name _____ Grade _____ Transportation Needed? To School _____ From School _____ If in Kindergarten, AM or PM? _____ Schedule: <input type="checkbox"/> Full time Part time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Extended Day - Before and/or After (circle one) <input type="checkbox"/> Expected Daily Arrival <input type="checkbox"/> Expected Daily Pick-Up
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Office Use Only: Identity Verification: Place of birth _____ Birth date _____ Birth Certificate Number _____ Date Issued _____ Other form of proof _____ Date Viewed _____ Person Viewing _____
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6. Release of Medical Information

I authorize Wave Children's Learning Center to obtain information concerning my child from my physician.

Signature of Parent/Guardian _____ Printed Name of Parent/Guardian _____ Date _____

7. Permission for Emergency Medical Treatment

I authorize Wave Children's Learning Center to obtain all necessary care for my child and will not hold WCLC or Wave Church responsible for the emergency care and/or transportation of my child. I authorize WCLC to obtain immediate medical care if an emergency occurs when the parents/guardians cannot be located immediately. I also authorize the personnel of WCLC to contact the above named persons and authorize the physician listed below to render such treatment as may be deemed necessary in an emergency for the health of my child. In the event that the physician, other persons named on this form, or parents cannot be reached, school personnel are authorized to take whatever action is deemed necessary in their judgment for the health of my child.

Signature of Parent/Guardian _____ Printed Name of Parent/Guardian _____ Date _____

Child's Physician _____ Phone _____

Allergies or intolerance to food, medication, etc. and action to take in an emergency _____

Name of Insurance Provider _____ Name of Policy Holder _____ Group Number _____

8. Field Trips/Transportation

I authorize my child to participate in any school-sponsored field trips and to be transported for such activities, as well as transported to and from school if applicable. I understand that my child will be subject to the rules and regulations that come with riding the bus and if my child does not comply, I will transport my child to the necessary locations.

9. Photos

I authorize Wave Children's Learning Center to take photographs and or videos of my child for laboratory observation, demonstrations/evaluation, class projects, school display areas, publicity, etc.

10. Water Experiences

I do / do not (circle one) authorize my child to participate in supervised water activities while in the care of Wave Children's Learning Center.

My child's swimming ability is as follows: ___cannot swim ___beginner ___moderate ___advanced

Please indicate specifics about your child's swimming ability _____

11. Illness

In the event of an emergency or illness, I will make arrangements for my child to be picked up from Wave Children's Learning Center within one hour after I am notified. I agree to inform the center within 24 hours or the next business day after the child or any immediate member of the household develops a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

12. Inclement Weather

WCLC will close during inclement weather for the safety and health of all concerned. Under these circumstances, WCLC will close when the Virginia Beach City Public Schools are closed. "Snow days" or days closed due to other inclement weather or unusual situations that threaten the health and safety of the children will not be made up and tuition will not be prorated for those days.

13. School Closings

WCLC will be closed for major holidays, teacher in-service days, and specified conference days. All of these dates will be provided at the beginning of the school year in the WCLC school year calendar found in the Parent Handbook.

14. Tuition

Tuition will be charged for the entire school calendar month and is due regardless of attendance. Late fees will be imposed for reasons as stated in the Parent Handbook. Tuition and/or registration fees/waitlist fees will not be reimbursed.

15. Disenrolling

I agree to give 30 days written notice in the event that it becomes necessary to withdraw my child from the program. Tuition will be charged for the entire 30 days and is due before records will be released.

I understand that WCLC reserves the right to remove any child from the program at any time. Before the removal of a child, the staff will hold a conference with the parent unless the behavior of the child is destructive to self or the program environment. In that case, the child will be removed immediately.

16. Divorce/Separation

If the parents/guardians are or become legally separated or divorced, WCLC must be provided a court child custody order, restraining order, or court imposed ruling for its files. **Persons not allowed to pick up child (must have a court order attached)** _____

17. Neither the Commonwealth of Virginia nor WCLC and it's officers and employees shall be liable for injury or illness to my child or me or anyone picking up and/or dropping off, nor injury to my property attributed to my child's attendance at WCLC, except as may be provided under the Virginia Tort Claims Act. I understand that I am solely responsible for the provision of safe and timely transportation to and from WCLC.

I hereby certify that all of the information above is accurate. I agree to be governed by the policies of WCLC as outlined in the Parent Handbook and by the laws, policies, and regulations of the Commonwealth of Virginia and I further agree to all of the above mentioned terms and conditions. I certify that I am the legal parent/guardian of the named child. I have read the Parent Handbook and understand the contents therein and will comply with its requirements.

Signature of Parent/Guardian _____ Printed Name of Parent/Guardian _____ Date _____

Relationship to child _____ Address _____