

## WAVE Children's Learning Centers™

Please Read Carefully:

\*I, as one of the parents/guardians of \_\_\_\_\_ (child's name), agree to provide accurate information on the application form, which is part of this agreement. I agree to be governed by the policies of Wave Children's Learning Centers (WCLC) as outlined in the Parent Handbook, and by the laws, policies, and regulations of the Commonwealth of Virginia, and I further agree to the following terms and conditions:

1. I agree to give 30 days written notice in the event it becomes necessary to withdraw my child from the program. Tuition will be charged for the entire month and is due before records will be released.
2. I understand that neither the Commonwealth of Virginia nor WCLC and its officers and employees shall be liable for injury or illness to my child or me, 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 the learning center site.
3. I will notify the staff in writing if another person besides those on my authorized list is to pick up my child.
4. I agree with and understand that WCLC reserves the right to remove any child from the program at any time. Before the removal of the 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 shall be removed immediately.
5. I hereby grant permission for WCLC to photograph, record, film, videotape or make facsimiles of my child for laboratory observation, demonstration/evaluation, or WCLC website. This permission is granted under the condition that no media/commercial for use or profit will be made of any materials without my further permission. All individual materials as well as group results and records will be treated confidentially except as may be otherwise required by law.
6. I agree that if the parents/guardians are or become legally separated or divorced that I will provide WCLC with a court child custody order for its files.
7. I understand that the tuition charged is for the entire school calendar month and is due regardless of attendance.
8. Permission is granted for my child to attend any educational trip provided by WCLC.

\*For simplification the first or third person singular is used in this packet and not meant to offend anyone.

9. The center will be closed for major holidays and teacher-in-service days only.

10. WCLC will close during inclement weather for the safety and health of all concerned. In this event, 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.

11. I do hereby authorize the personnel of WCLC to contact the persons named below and authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of my child.

12. In the event that the physicians(s), other persons named on this form, or parents cannot be contacted, the school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of my child.

13. I will not hold WCLC or WAVE Church financially responsible for the emergency care and/or transportation of my child.

I hereby certify that I am the legal parent/guardian of the above named child. I have read the Parent Handbook. I understand what is written therein and will comply with its requirements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship to the Child

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**ENROLLMENT INFORMATION:**

**Please indicate the program into which you are enrolling your child:**

\_\_\_\_\_ Montessori Preschool Full Day (8:30am-5pm), Half Day 8:30am-1:00pm)

\_\_\_\_\_ Transitional Kindergarten: 5 days, 3 days, 2 days (9am-

\_\_\_\_\_ 4yr.old (by September 30<sup>th</sup>) Instructional Daycare: 5, 3, or 2 days

\_\_\_\_\_ 3yr. Old Instructional Daycare: 5, 3, 2 days (9am-1pm)

\_\_\_\_\_ 2 ½ yr. Old Instructional Daycare: 5, 3, or 2 days (9am-1pm)

\_\_\_\_\_ Infant Program 5 days, 3 days, 2 days (full, part time)

\_\_\_\_\_ Toddler Program 5 days, 3 days, 2 days (full, part time)

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**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

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

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> 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 must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during 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 immediate 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*

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* 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.

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## OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

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 63.2-1809 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.