

Manassas Baptist Preschool  
Child Registration Form



**Child's Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Please specify which program? \_\_\_\_\_

Are you interested in extended care? \_\_\_\_\_ If yes, what time would you like to pick up your child? \_\_\_\_\_

Are there any chronic physical problems/pertinent developmental information/special accommodations needed for this child?

If so, please detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Child Day Care Programs and Schools Attended:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If child attends this Preschool and Another School/Program, Please list the name of the School/Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent(s)/Guardian(s) Information

Mother or Guardian 1

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Father or Guardian 2

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

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**Emergency Information**

**Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency:**

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**Child's Physician Name:** \_\_\_\_\_

**Physician Phone Number:** \_\_\_\_\_

**Physician Full Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**List 2 people to reach as Emergency Contacts in case parent(s) cannot be reached:**

**Emergency Contact 1**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Home Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact 2**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Home Address:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**Other than Parent(s) who is Authorized to Pick Up Child?**

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**Person(s) NOT Authorized to Pick Up Child:**

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- 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.

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**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**

X

X

Parent(s) or Guardian(s)

Administrator of Center

**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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**FAMILY HANDBOOK SIGNATURE PAGE**

After reading the Manassas Baptist Preschool Family Handbook, please sign the appropriate lines below and return the form to the Front Office.

We, the parent(s)/guardians of \_\_\_\_\_  
have read and understand the contents of the Manassas Baptist Preschool Family Handbook.

- We agree to follow the policies outlined in the Manassas Baptist Preschool Family Handbook.
- We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the Handbook will be distributed by the School. The Family Handbook is not an enrollment contract.

X

\_\_\_\_\_  
Parent/Guardian

X

\_\_\_\_\_  
Parent/Guardian

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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.

**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):  
\_\_\_\_\_

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.