

St. Andrew's Episcopal School

Extended Day

Student Information

CHILDREN WILL BE DENIED ENTRANCE IF REGISTRATION FORMS ARE INCOMPLETE.

Child's Name	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems			
Previous Day Care Programs and Schools Attended			Current Grade

PARENT (S)/GUARDIAN (S)

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

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, Bee Stings, etc, and Action to Take in an Emergency			
Any Recurring Condition	Asthma	Diabetes	Seizures
Medication Child is Currently Taking.	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) NOT Authorized to Pick Up Child			

PARENT OR GUARDIAN

DATE

Aug.

Religiously Exempt Child Day Center
Program Decision to Not Administer Prescription Medications

My program has made the following decision regarding the administration of medications to a child in my program: (Check one)

- I (or my staff) **WILL NOT** administer any medications – prescription or non-prescription medication (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).
- I (or my staff) will administer **ONLY** non-prescription medications (non-prescription medications include, but are not limited to, Tylenol, cough syrup, diaper ointment, sunscreen, and topical insect repellants).

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print): Kristi T. Elliott	Facility Name: St. Andrew's Episcopal School Extended Day
Provider's Signature: <i>Kristi T. Elliott</i>	Date: August 2, 2010
Parent or Guardian Signature:	Date:

Confidentiality Statement

Information about any child in my program is confidential and will not be given to anyone except VDSS' designees or other persons authorized by law unless the child's parent or guardian gives written permission. Information about a child in my program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Rehabilitation Act of 1973

I understand that if my program receives any federal funding (such as child care subsidy from a local department of social services), I am subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in my program now or in the future is identified as having a disability covered under the Rehabilitation Act, I will assess the ability of the program to meet the needs of the child. For further information on the Rehabilitation Act seek legal counsel and/or go to the following website: <http://www.dol.gov/oasam/regs/statutes/sec504.htm>

Provider Statement

I understand that it is my responsibility to follow my *Program's Decision Regarding Medication* plan and all health, infection control, and medication administration regulations applicable to my child day program. The Program Decision Regarding Medication plan will be made available to parents at enrollment, whenever changes are made, and upon request.