

**The Day School
New Highland Baptist Church
REGISTRATION FORM
2017-18 SCHOOL YEAR**

CHILD	NICKNAME	DATE OF BIRTH	SEX
ADDRESS	CITY	STATE	ZIP
HOME PHONE			
CHRONIC PHYSICAL PROBLEMS/PERTINENT DEVELOPMENT INFORMATION/SPECIAL ACCOMODATIONS NEEDED			
APPLYING FOR WHICH PROGRAM: <input type="checkbox"/> Two day 2½ year old—Tues/Thurs <input type="checkbox"/> Three day Pre-K—Mon/Wed/Fri <input type="checkbox"/> Two day 3 year old—Tues/Thurs <input type="checkbox"/> Four day Pre-K—Mon—Thurs <input type="checkbox"/> Three day 3 year old—Mon/Wed/Fri <input type="checkbox"/> Five day Pre-K—Mon—Fri			
EMAIL ADDRESS			

PARENT(S)/GUARDIAN(S)

PARENT/GUARDIAN 1	Place Employed	Work or Cell Phone
HOME ADDRESS		Home Phone
PARENT/GUARDIAN 2	Place Employed	Work or Cell Phone
HOME ADDRESS		Home Phone
SIBLINGS AND AGES		

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) can't be reached	Please provide FULL addresses	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.