The Day School
New Highland Baptist Church
REGISTRATION FORM
2018-19 SCHOOL YEAR

CHILD	NICKNAME	DATE OF BIRTH	SEX
ADDRESS CITY STATE ZIP		PRIMARY PHONE	
CHRONIC PHYSICAL PROBLEMS/PERTINENT DEVELOPMENT INFORMATION/SPECIAL ACCOMODATIONS NEEDED			
APPLYING FOR WHICH PROGRAM: ☐ Two day 2½ year old—Tues/Thurs ☐ Two day 3 year old—Tues/Thurs ☐ Three day 3 year old—Mon/Wed/Fri ☐ Three day Pre-K—Mon/Wed/Fri ☐ Four day Pre-K—Mon—Thurs ☐ 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 1.	Please provide FULL addresses 1.	Phone 1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
Person(s) **NOT** 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.

032-05-252/11 (01/15)