

**CENTERVILLE BAPTIST EXTENDED CHILDCARE MINISTRIES**  
**APPLICATION FOR ADMISSION**

**INFORMATION REQUESTED IS REQUIRED AND NECESSARY. PLEASE COMPLETE ENTIRELY.**

**Please tell us what grade your child is finishing or has just finished.**

**Grade in School:**     K     1st     2nd     3rd     4th     5th     PreSchool

**School:**     Southeastern Elementry     Butts Road Primary     Butts Road Intermediate

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

**Gender:**     M     F    **Date of birth:** \_\_\_/\_\_\_/\_\_\_    **Telephone Number:** \_\_\_\_\_

**Child's Complete Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Information MUST be provided in full**

*(if child does not reside with both parents, please attach the custody agreement)*

**Father/Male Guardian's Information:**

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

Occupation/Profession: \_\_\_\_\_

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

Work address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

*Telephone numbers:*

Business: \_\_\_\_\_

Cellular: \_\_\_\_\_

Same home information as child

**Mother/Female Guardian's Information:**

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

Occupation/Profession: \_\_\_\_\_

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

Work address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

*Telephone numbers:*

Business: \_\_\_\_\_

Cellular: \_\_\_\_\_

Same home information as child

**If child resides with an adult other than parent, please provide information:**

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

Occupation/Profession: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone number: \_\_\_\_\_

What does child call adult? \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Cellular phone number: \_\_\_\_\_

**Transportation Providers:**

Please register the names and phone numbers of individuals authorized to provide transportation for your child.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Please register the names and relationships of any individuals NOT authorized to provide transportation for your child: \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Special Requirements for 3-Year-Old Children:**

Children MUST be completely toilet trained to be enrolled in the Extended Childcare Program: pull-ups are not allowed, children MUST be able to take care of their personal hygiene needs.

**Previous child care/schools attended:**

*The Code of Virginia requires parents/guardians to disclose the names, locations and terms of previous enrollment.*

Name: \_\_\_\_\_ Term of enrollment: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_ Term of enrollment: \_\_\_\_\_

Location: \_\_\_\_\_

**The parents/guardians agree that:**

In the best interest of all children, the parents/guardians agree that the program retains the right to dismiss any child, if he/she seems unable to participate in group activities due to behavioral issues, displays behaviors that cause harm to him/herself, other students or staff, or causes damages to the facilities. \_\_\_\_\_ (Initials)

Liability for a child's actions, while in the care of the program lies solely with the parents/guardians. If a child's actions are inappropriate, a verbal notice will be given to the parent/guardian. Any incidents thereafter will be recorded in the child's file in accordance to our "Three-Strike" policy.

Strike One: Written Notice

Strike Two: Suspension from the program

Strike Three: Dismissal from the program \_\_\_\_\_ (Initials)

In the event of illness that requires your child to be dismissed from the program, parents/guardians will make appropriate arrangements for the child to leave our facilities within 30 minutes. \_\_\_\_\_ (Initials)

In the event of contagious illness or malady, the parents/guardians will notify the program. The child will not be allowed to return to the program until all danger of the contagion is gone and a written letter from the physician is provided. \_\_\_\_\_ (Initials)

In the event of viral illness where a fever is present, the child cannot return to the program until all signs and symptoms are gone for at least 24 hours **without fever medication**. \_\_\_\_\_ (Initials)

**Parent Handbook Acknowledgement:**

I verify by initialing that I have read and understand all requirements for enrollment and policies that the Extended Childcare has implemented as stated in the Parent Handbook. I understand that I am required to sign and return the form on the cover page of the handbook. \_\_\_\_\_ (Initials)

**Office Use Only****Identity Verification**

*The Commonwealth of Virginia requires parents/guardians to provide proof of a child's age and identity. Proof of the child's identity and age may include an original or certified copy of the child's birth certificate, passport, copy of placement agreement from a child placing agency, or a records from a public school, i.e., certified by a principal of a public school in the United States. Failure to provide the proper documentation must be reported to local law enforcement agencies according to statute.*

Place of birth: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Certificate Number: \_\_\_\_\_  Birth Certificate  Social Security Card

Other \_\_\_\_\_  Adoption Records Date Viewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Parent Authorization & Medical Release

**Child's name:** \_\_\_\_\_

I grant permission for my child **to participate in all events and activities** on site or on field trips sponsored by Centerville Baptist Extended Childcare. This may include swimming, water play, use of the playground equipment (swings ,slides and climbers) as well as organized gym use. I understand and assume all risk of accidental injury due to the conduct of normal participation. \_\_\_\_\_ Initial

I grant permission for my child **to be transported** to and from field trips and in case of situations that may require evacuation from the church, use of the church owned 15 passenger vans or private vehicles which are owned and operated by Centerville Baptist Extended Childcare, Preschool or Church Staff. \_\_\_\_\_ Initial

I grant permission for Centerville Baptist Extended Childcare **to photograph and publish** in print, electronic or video format in the likeness or image of my child for promotional and or advertising materials. This includes teacher created art or craft activities, church wide presentations or to document class activities. \_\_\_\_\_ Initial

Child's Physician : \_\_\_\_\_ Telephone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Allergies No YES: \_\_\_\_\_

Does your child have any speech or visual impairments? NO YES : \_\_\_\_\_

Developmental assessment: NO YES: \_\_\_\_\_

List any daily medications or medical information responding medical personnel should know about your child.

## Please attach a photograph and a copy of your child's insurance card.

In the event of injury or sudden illness I grant permission for Centerville Baptist Extended Childcare to give or seek **emergency medical and first aid care**. Also I give consent to medical personnel, attending physicians and hospital personnel to provide necessary care for the welfare of my child until I can be in attendance. \_\_\_\_\_ Initial

**Do not sign until you are in the presence of a Notary  
Un-Notarized forms are invalid!**

(Printed Name of Parent/Guardian)	(Signature of Parent/Guardian)
Cell phone number: _____	Daytime phone number: _____
State of Virginia, City of _____, to wit:	
Subscribed and sworn to before me this ____ day of _____, 20__.	
My commission expires _____.	
(Signature of Notary Public)	

