



The Following Information is Required and Must be Complete—If Not Applicable, Please Mark N/A

Child's Name: _____ Child Goes By: N/A _____
First Middle Initial Last
Address: _____ City: _____ State: _____ Zip: _____
Sex: _____ Race: _____ Birth Date: _____ Home Phone: _____

1st Number to Contact: _____ *Primary Email:* _____
Name and Relation: _____ *Secondary Email:* _____

Mother's Name: _____ S.S.#: _____
Place of Employment: _____ Type of Business: _____
Work Phone: _____ Cell/Pager: _____
Email Address: _____

Father's Name: _____ S.S.#: _____
Place of Employment: _____ Type of Business: _____
Work Phone: _____ Cell/Pager: _____
Email Address: _____

Mother's/Father's Address, if different from Child's:
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Marital Status of Parents: ___ Married ___ Separated ___ Divorced ___ Single
If separated, who has legal custody? _____

Names and Ages of Siblings: _____
Primary language spoken at home: English Spanish Other _____

Previous Preschool (s) Attended: : _____

Additional programs/schools that your child is concurrently attending: N/A _____
Grade or Class Level: N/A _____

Local emergency contacts that are authorized to pick child up if parent/guardian cannot be reached:

1. Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
2. Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Person(s) authorized to pick up child:

_____ *An authorized person must present positive identification before receiving your child*

Person(s) NOT authorized to pick up child:





The Following Information is Required and Must be Complete—If Not Applicable, Please Mark N/A

Child's Name: _____ **Child Goes By:** N/A _____
First Middle Initial Last

Physician's Name: _____ **Phone:** _____
Insurance Company: Policy #:

Does your child have any chronic physical problems, pertinent developmental information, special accommodations, allergies to any food or medications, dietary restrictions, and specific actions to take in case of an emergency situation?

N/A _____

Medical and dietary problems are to be documented by your physician

1. Western Branch Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parents/guardians will arrange to have the child picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize Western Branch Academy to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a statement is required from the parent(s)/guardian(s) that states the objection and reason.
3. The parent(s)/guardian(s) agree to inform the school 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.

The information given above is true and complete to the best of my knowledge.

 Maternal/Guardian Signature and Date

 Paternal/Guardian Signature and Date

* All newsletters and general announcements will be sent via email.

How did you hear about Western Branch Academy? _____

OFFICE USE ONLY/IDENTITY VERIFICATION

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. after 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.

Place of birth	Birth date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

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 of indecipherable by any means.

 Administrator of Center

 Date Received

Imm _____ Physical _____ Reg Fee _____ Act Fee _____ Tuition Agr _____