



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: \_\_\_\_\_

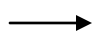
Mother's/Father's Address, if different from Child's:  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

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:  
\_\_\_\_\_





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**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 or indecipherable by any means.

\_\_\_\_\_  
 Administrator of Center

\_\_\_\_\_  
 Date Received

Imm \_\_\_\_\_ Physical \_\_\_\_\_ Reg Fee \_\_\_\_\_ Act Fee \_\_\_\_\_ Tuition Agr \_\_\_\_\_