LeaRN Lily Child Development Center

Child	Nickname Date of Birth			Sex		
Address	<u> </u>			Hom	e Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed						
Previous Child Day Care Programs and Schools Attended						
If Child Attends this Center and Another School/Program, Give Name of School/Program				<u>Grade</u>		
	PARENT (S) G	uardians (S)				
<u>Father</u>		Place Employe	<u>ed</u>	<u>E</u>	Business Phone	
Home Address				<u> </u>	Home Phone	
Mother		Place Employe	<u>ed</u>	<u>E</u>	Business Phone	
Home Address				<u> </u>	Home Phone	
Person(s) or Agency Having Legal Custody of	f child					
Home Address					Home Phone	
Business Address					Business Phone	
EMERGENCY INFORMATION						
Allergies or Intolerance to Food, Medication	s, etc., and Act	in to Take in a	n Emergency			
Child's Physician				<u>Phone</u>		
Two People to Contact if Parent (s) Cannot b	oe reached:	Address 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.

AGREEMENTS

- 1. The child day center agrees to notify the parent (s)/guardian (s) whenever the child becomes ill and the parent (s)/guardian (s) will arrange to have the child picked up as soon as possible if so requested by the center.
- 2. The parent(s)/guardian (s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent (s)/guardian(s) cannot be located immediately.**
- 3. The parent (s)/guardian (s) agree to inform the center 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.

SIGNATURES

Parent (s) or Guardian (s)	Date	_
		_
Administrator of Center	Date	
Date Child Entered Care:		Date Left Care:
**If there is an objection to seeking en parent (s) or guardians (s) that states t	• .	e, a statement should be obtained from the reason for the objection.
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OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following:

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

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):
Date ————————————————————————————————————
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 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., before 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.

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.