



The Children's Place

Address: 860 Dranesville Rd, Herndon, VA 20170

Phone: (703)437-8884 email: tcpherndon860@gmail.com

Registration Fee: \$150 (non-refundable)

Material Fee:\$75(non-refundable)

Application Fee:\$30(non-refundable)

Checks Payable to The Children's Place

Check#: _____

Date: _____

ENROLLMENT AGREEMENT

Group: _____

Starting Date: _____

Chosen Program (Circle One): Mon to Fri Mon/Wed/Fri Tue/Thur

Full Name of Child _____

Name Child is Called (Nickname) _____

Date of Birth _____ Place of Birth _____ Sex _____

Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed

Previous Child Day Care Programs and Schools Attended _____

If Child Attends this Center and Another School/Programs, Give Name of School/Program

Full Name of Father _____ Place Employed _____

Home Address _____

Home Phone _____ Business Phone _____ Cell# _____

Email Address _____

Full Name of Mother _____ Place Employed _____

Home Address _____

Home Phone _____ Business Phone _____ Cell# _____

Email Address _____

Person(s) or Agency Having Legal Custody of Child _____

EMERGENCY NAMES AND PHONE NUMBERS

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency

Physician Name: _____ Phone _____

Two people to contact if Parents cannot be reached:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parent Signature: _____ Print Name: _____

Person(s) Authorized to Pick Up Child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Person(s) Not Authorized to Pick Up Child:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

AGREEMENTS

1. The child day care 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) 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 next business day after his or her 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 any objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

Identify Verification

Date of Birth: _____ Place of Birth: _____

Birth Certificate/Other Number: _____ State Issued _____ Date Issued _____