

WESTGATE CHILD CENTER
1609 GREAT FALLS STREET \* MCLEAN \* VIRGINIA 22101.

(703) 893 - 6372 \* Fax: (703) 821 - 2026. <u>www.westgatechildcenter.com</u>

## Westgate Child Center Student Registration Form

Child's Full Name:	Nickname:
Date of Birth:/ Sex:	Nickname: Classroom:
	Phone:
	State: Zip:
Primary Language Spoken at Home:	
Family Members Your Child Lives With	h Including Siblings and Ages:
Previous Child Day Care Program ar	nd School Attended:
Does your Child Attend Another Cer	
<del></del>	
Grade Level:	
Chronic Physical Problems/Pertinent Accommodations Needed:	Developmental Information/ Special
Allergies or Intolerance to food, med	lication, etc., and action to take in an emergency:
Diotory Proformance	
Dietary Preferences:	No BeefNo Pork
	NO BeerNO FOIK
Do you authorize your child to partic	ripate and attend off-site field trips when feasible? Yes No
Parent/Guardian Information	
Parent/Guardian Name:	
Relationship:	
Address:	
City:	State: Zip:
	Work Number
Email Address:	
Place of Employment/Address:	
Parent/Guardian Name:	
Relationship:	
Address:	
City:	State: Zip:
Cell Phone:	Work Number
Trace of Employment/Address.	
Dancon(s) having least queta der ef et.	:1.J.
rerson(s) naving legal custody of chi	ild:

# SECUTE CHILD CO.

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#### **Emergency Information**

In the event a parent/guardian cannot be reached please list two (2) local emergency contacts (over 18).

Contact #1			
Name:			
Relationship:			
Address:			
City:	State:	Zip:	
		umber	
Contact #2			
Name:			
Relationship:			
Address:		<del></del>	
City:	State:	Zip:	
		umber	
Person(s) <b>Authorized</b> to p Person(s) <b>NOT</b> authorized			
22.1-4.3 of the Code of Virginia states t	that unless a court order has been is center must be included, upon the re	arent is not allowed to pick up the child. • NOTE: Section ssued to the contrary, the noncustodial parent of a student request of such noncustodial parent, as an emergency contract of the co	t
Health Care Provider In	formation:		
Child's Physician:			
Telephone Number:			
Preferred Hospital:			

# SCATE CHILD CO.

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## **Emergency Medical Authorization**

\*\*This form will be kept at the center and taken to the doctor or treatment facility in the event of an Emergency.

Cinu 8 Full Ivallie:		Date of Birth://
Parent/Guardian Name:		
Relationship:		
Address:		
Address:City:	State:	Zip:
Cell Phone:	Work Number	<u> </u>
Email Address:		
Place of Employment/Address: _		
Parent/Guardian Name:		
Relationship:		
Address:		
Address:	State:	Zip:
Cell Phone:	Work Number	·
Email Address:		
The Parent(s)/Guardian, as immediate care and consen	uthorizes Westgate its to the hospitaliza	Child Center to obtain ation of, the performance
The Parent(s)/Guardian, a	uthorizes Westgate its to the hospitaliza t upon, the use of su his/her child or wa	Child Center to obtain ation of, the performance orgery on and/or the rd if an emergency should
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The Parent(s)/Guardian, and immediate care and consent of necessary diagnostic test administration of drugs to occur, when parent(s)/Gua. It is also understood that the which are emergencies and reached. Otherwise he/she. I/we will be responsible for Medical treatment costs ar. Insurance Policy Name:	uthorizes Westgate its to the hospitalizate t upon, the use of su his/her child or wa rdian cannot be loc his agreement cover l only when the par expects to be notifi r payment of medicate coved by the follo	Child Center to obtain ation of, the performance orgery on and/or the rd if an emergency should eated immediately.  The street of the second of the ent of
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## **Agreements**

- 1) Westgate Child Center agrees to notify the parent /guardian when a child becomes ill. The parent/guardian will arrange to have the child picked up within one hour if requested by the center.
- 2) In the event the enrolled child and/or any member of the immediate household has developed any communicable disease the parent/guardian will notify Westgate Child Center within 24 hours or the next business day.
- 3) The Parent/Guardian authorizes Westgate Child Center to obtain immediate medical care in any emergency occurs when he/she cannot be located immediately.
- 4) If a child will not be in attendance at his or her normal time the parent/guardian will notify Westgate Child Center of their absence.
- 5) For compliance with the I.R.S. requirements WCC is required to compile racial/ethnic information.

Please check one of the	e following:			
Caucasian				
Hispanic African A American				
Asian& Pa	acific Islander nixed/Other			
	Date :	/	/	
Signature of Parent/ Guardian				
	Date :	/	/	
Signature of Director				

\*\* If there is an 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.

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### **CONTRACT FOR ENROLLMENT**

I hereby enroll my child at Westgate Child Center. I agree to pay a non-refundable registration fee of \$ 75.00 per child or \$100 per family I agree to pay the tuition fee every month in advance to WCC, Bi-Weekly Monthly (please check one). Any child whose care is not paid for within the first week the payment is due, is subject to dismissal from the Center. Fees and tuition will be not be refunded under any circumstances.
At time of acceptance, Westgate Child Center requires a bi-monthly payment as deposit per child. Written notice of withdrawal must be given <i>one full month in advance</i> , starting at the first day of each month. The final month of tuition <i>after giving notice</i> must be paid in full, and tuition is <i>not</i> prorated based on the days in attendance (this also applies to June/summer departures in Little League). With the proper notice, the tuition deposit <i>will be</i> applied to any fees due, or refunded.
If the child is away for a period longer than two weeks, without payment, he or she must be registered again. His or her place cannot be guaranteed.
If a child is picked up after 6:30 PM a parent will be charged a late pick-up fee. If late pick-up of your child is habitual, the child's enrollment can be terminated.
The Center reserves the right at any time to terminate the enrollment of a child if, in the Center's opinion, it is in the best interest of your child, or other children in the Center. A two week notice will be provided. Additionally, Westgate's teachers are trained, professional educators who deserve to be treated in a respectful manner. If a parent engages in abusive language, or any other disrespectful treatment of staff, the child is also subject to dismissal.
I understand and agree to pay all legal costs, including lawyers' fees and loss of pay to staff, if assistance is requested from the Center, or any of its staff, in any private legal proceeding in which I am involved, not directly involving the Center.
I understand and agree that WCC will not be held responsible for any accident or illness that may befall the child. The Center agrees to notify the parent or guardian whenever the child becomes ill, and the parent/guardian will arrange to have the child picked up within one hour, if so requested by the center.
The parent/guardian authorizes the Center to obtain immediate medical care if any emergency occurs, and authorized persons cannot be located immediately. I further agree to pay for any medical or other expenses incurred on behalf of this child.
It is also agreed that the Center will observe all Federal Holidays, with a possible adjustment in December. The Center also closes on the day after Thanksgiving, and for two staff workdays, as will be announced.
Date :/ Signature of Parent/ Guardian
Date :/
Signature of Director

## ESCATE CHILD CO.

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\*To complete page 6 please bring in parent(s) photo I.D. and proof of child's identity\*\*

## IDENTITY VERIFICATION OFFICE USE ONLY

Place of Birth:
Birth Date:
Birth Certificate Number:
Date Issued: Other Form of Proof:
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):
**Proof of child's identity and age may include certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of placement agreement (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 director from the school (i.e., after school program) or the center transfer 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 view this information must be maintain for each child.
Section 63.2-1809 of 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 responsible steps to destroy such as documents by (i) shredding,. (ii) erasing, or (iii) otherwise modifying the social security number in those records to make the unreadable or indecipherable by any means.
Date Child Entered Care: Date left Care:



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## Permit to Photograph Child

I herby give permission for my child	, to be
photographed/videotaped by teacher and	<u> </u>
purposes of the documentation of classr enrichment, public relations, and advert	1
emicinient, public relations, and advert	ising.
Parent Signature	Date