



# WESTGATE CHILD CENTER

1609 GREAT FALLS STREET \* MCLEAN \* VIRGINIA 22101.

(703) 893 - 6372 \* Fax: (703) 821 - 2026. [www.westgatechildcenter.com](http://www.westgatechildcenter.com)

## Westgate Child Center Student Registration Form

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Classroom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Family Members Your Child Lives With Including Siblings and Ages:

Previous Child Day Care Program and School Attended:

Does your Child Attend Another Center/School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Please Provide Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Chronic Physical Problems/Pertinent Developmental Information/ Special Accommodations Needed:

Allergies or Intolerance to food, medication, etc., and action to take in an emergency:

Dietary Preferences:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ No Beef \_\_\_\_\_ No Pork

\_\_\_\_\_ Other: \_\_\_\_\_

Do you authorize your child to participate and attend off-site field trips when feasible?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Parent/Guardian Information

**Parent/Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

Person(s) having legal custody of child: \_\_\_\_\_



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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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

#### **Contact #2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

Person(s) **Authorized** to pick up:

Person(s) **NOT** authorized to pick up\*:

\* • 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.

### **Health Care Provider Information:**

Child's Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_



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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.

**Child's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

**The Parent(s)/Guardian, authorizes Westgate Child Center to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on and/or the administration of drugs to his/her child or ward if an emergency should occur, when parent(s)/Guardian cannot be located immediately.**

**It is also understood that this agreement covers only those situation which are emergencies and only when the parent(s)/Guardian cannot be reached. Otherwise he/she expects to be notified immediately.**

**I/we will be responsible for payment of medical care expenses.**

**Medical treatment costs are covered by the following:**

**Insurance Policy Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Parent(s)/Guardian Signature:**

**Date:** \_\_\_\_\_



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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 following:

- Caucasian
- Hispanic
- African American
- American Indian
- Asian & Pacific Islander
- Racially mixed/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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**\*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: \_\_\_\_\_  
 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 hereby give permission for my child \_\_\_\_\_, to be photographed/videotaped by teacher and staff at Westgate Child Center for purposes of the documentation of classroom activities, special events, family enrichment, public relations, and advertising.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date