

THE LAKE OF THE WOODS CHURCH
CHILD CARE CENTER
PRESCHOOL PROGRAM REGISTRATION
ONE CHURCH LANE, LOCUST GROVE, VA 22508
(540) 972-2349
cccbelinda9722349@yahoo.com
www.lowchurch.org click on "Ministries"

CLASS: 3s _____ or 4s _____
Number of Days Enrolled: _____
Day Care w/Academics: M T W Th F
Morning Preschool Only: M T W Th F

Please Note: The State requires that this form
be completed in its entirety.

CHILD:

Name _____ Sex _____
Home Mailing & Street Address: _____

Birth Date _____
Home Phone _____

PARENT OR GUARDIAN:

Father _____ Employer _____
Work Mailing & Street Address: _____
Home address if different from child: _____

Business Phone _____
Home Phone _____
Cell Phone _____
E-mail Address (home & work) _____

Social Security Number: _____

Mother _____ Employer _____
Work Mailing & Street Address: _____
Home address if different from child: _____

Business Phone _____
Home Phone _____
Cell Phone _____
E-mail Address (home & work) _____

Social Security Number: _____

Local Alternate/Emergency Pick up Person:

Name _____ Employer _____
Home Mailing & Street Address: _____

Business Phone _____
Home Phone _____
Cell Phone _____

EMERGENCY INFORMATION:

Child's Physician _____
ALLERGIES/CONDITIONS: _____

Business Phone _____

(Local or Out of State) Emergency persons other than the parents and alternate persons listed above (2):

Name _____ Employer _____
Home Mailing & Street Address: _____

Business Phone _____
Home Phone _____
Cell Phone _____

Name _____ Employer _____
Home Mailing & Street Address: _____

Business Phone _____
Home Phone _____
Cell Phone _____

Person/Persons NOT authorized to pickup the child (please include any legal documentation):

Schools or Day Care Centers child has attended:

Grade entering into: _____

AGREEMENTS:

1. The Child Care Center agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pickup the child AS SOON AS POSSIBLE.
2. The parent/guardian authorizes the Child Care Center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian will abide by all of the rules and policies of the Child Care Center as provided in parent packet.
4. The parent/guardian have received and read the Parent Information Packet.
5. The parent/guardian will give at least one week's termination notice.
6. I understand that the children's cubbies or coat racks is for their personal items. They will not be used for personal correspondence with other parents/children.
7. You are required to notify and inform the Child Care Center Director within 24 hours, if your child develops a communicable disease.
8. The C.C.C. staff members are not permitted to apply sunscreen or insect repellent without written authorization. The parent is required to supply these over the counter products and must inform the C.C.C. of any adverse reactions to these products. The sunscreen and insect repellent must be in the original container and labeled with your child's name. The C.C.C. will be required to keep a record of use of these products.
9. Your child must be toilet trained (no exceptions).

SIGNATURES:

Father: _____	Date _____
Mother _____	Date _____
Guardian _____	Date _____
Admin/Director of the C.C.C. _____	Date _____

REGISTRATION INFORMATION:

Date of Enrollment: _____

Date of Withdrawal: _____

Annual Registration Fee:(\$40) _____

Annual Curriculum Fee: (\$50) _____