

THE LAKE OF THE WOODS CHURCH CHILD CARE CENTER
PRESCHOOL AND SCHOOL AGE PROGRAM REGISTRATION FORM
ONE CHURCH LANE, LOCUST GROVE, VA 22508

(540) 972-2349

Belinda@lowchurch.org

www.lowchurch.org click on "Ministries"

BUS # _____

**Please Note: The State requires that this form
be completed in its entirety and please print clearly.**

SCHOOL-AGE

FALL _____

Morning Program: Day Enrolled M T W TH F

Afternoon Program: Days Enrolled M T W TH F

SUMMER _____ Days Enrolled M T W TH F

PRESCHOOL

FALL _____

Daycare with Academics: Days Enrolled M T W TH F

Morning Preschool Only: Days Enrolled M T W TH F

SUMMER _____ Days Enrolled M T W TH F

CHILD:

Name _____ Sex _____ Birth Date _____

Home Mailing & Street Address: _____ Home Phone _____

PARENT OR GUARDIAN:

Father _____ Employer _____ Business Phone _____

Work Mailing & Street Address: _____ Home Phone _____

Home address if different from child: _____ Cell Phone _____

Driver's License Number: _____ E-mail Address (home & work) _____

Home E-mail: _____

Work E-mail: _____

Mother _____ Employer _____ Business Phone _____

Work Mailing & Street Address: _____ Home Phone _____

Home address if different from child: _____ Cell Phone _____

Home E-mail: _____

Work E-mail: _____

Initial here if this person is authorized to pick up your child at any time.

EMERGENCY INFORMATION:

Child's Physician _____ Business Phone _____

ALLERGIES/CONDITIONS: _____

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

Name _____ Employer _____ Business Phone _____

Home Mailing & Street Address: _____ Home Phone _____

Cell Phone _____

Initial here if this person is authorized to pick up your child at any time.

Name _____ Employer _____ Business Phone _____

Home Mailing & Street Address: _____ Home Phone _____

Cell Phone _____

Initial here if this person is authorized to pick up your child at any time.

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

School currently attending: _____ Grade your child will be entering into this Fall: _____

Schools or Day Care Centers child have attended:

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. A late fee of \$10.00 per child is charged for each 10 minutes or part thereof for parents arriving after closing. Late fees start at 6:31 pm. Three late pickups may result in termination from program. This fee will be added to your bill. All children enrolled in the Preschool Only Program must be dropped off by 8:30 a.m. and picked up to 12:00 Noon. The hours of services are from 6:30 a.m. to 6:30 p.m.
7. 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.
8. You are required to notify and inform the Child Care Center Director within 24 hours, if your child develops a communicable disease, if a life-threatening disease you must notify us immediately.
9. 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.
10. Your child must be toilet trained (no exceptions). All children must be able to use the bathroom independently, this includes cleaning themselves. No pull-ups or diapers are ALLOWED.
11. All Registration and Curriculum Fees are Non-Refundable.

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:(\$50) _____
Curriculum Fee (\$50) (Preschool) _____