

Calvary Children's School, Inc.
2315 S. Grant St. Arlington, VA 22202
(703) 892-4112

2018-2019
 Registration form

Days requested: 4 ____
 Tuesday ____
 Wednesday ____
 Thursday ____
 Friday ____
 Before Care ____
 After Care ____

Completed by the school:

Forms completed	Date	Number
Identification check		
TB screening		
Physical (within 1 year)		
Physician Stamp		

Child's First and Last Name		Nickname	Sex	Birth date
Address (with city and zip code)		e-mail:		Phone
Parent's first and last name		Occupation		Work Phone
Work Address		Home Address (if different from child's)		Home Phone (if different from child's)
Parent's first and last name		Occupation		Work Phone
Work Address		Home Address (if different from child's)		Home Phone (if different from child's)
Persons or Agency having legal custody of child				
Persons authorized to pick up child:				
*we still request written authorization when someone other than the regular caregiver is picking up the child				
Persons NOT authorized to pick up child (appropriate paperwork i.e. divorce decree must be attached if a parent is not allowed to pick up the child):				

Continued to the other side

If child attends this school and another program/school, give the name of the program/school:		
Allergies or intolerances to food, medication, etc. and action to take in an emergency:		
Child's Physician:	Phone Number	
Insurance Company/Policy number	Children will be transported to the closest hospital - EMT to determine, if medical transport is necessary	
Chronic Physical problems and pertinent developmental information:		
Names, address and phone numbers of two (2) people to contact if parents cannot be reached (this MAY NOT be a parent.) Please be sure that these people are usually available at this number during school hours.		
Name	Address	Phone Number
1.		
2.		

**EMERGENCY INFORMATION
AGREEMENTS**

1. Calvary Children's School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
2. The parent/guardian authorizes Calvary Children's School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian authorizes the Calvary Children's School staff to walk with this child to Nina or Nellie Custis Park, or on supervised walks in the community for outside play.
4. I agree to notify the school if anyone in our household has a reportable communicable disease.

Parent or guardian _____ Date _____

Director _____ Date _____

Date child entered care	
Date child left care	