

**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- 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.

**AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardian(s) agree to inform the center within 24 hours of the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**SIGNATURES**

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\*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.

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_  
*Date*

Proof of the child's identity an age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (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 directly from the school (i.e., after school program) or the center transfers 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 viewing this information must be maintained for each child.

Section 63.2-1809 of the 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 reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

## Emergency Contact and Medical Information for a Child

M  F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

( )

Home Phone

( )

Work Phone

( )

Home Phone

( )

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )

Home Phone

( )

Work Phone

( )

Home Phone

( )

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Director's Signature

Date

## **HAPPY HEARTS CHILDREN'S CENTER TUITION POLICY AND REGISTRATION AGREEMENT**

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**HEALTH POLICY** You Must notify Happy Hearts within twenty-four (24) hours if your child or any member of your immediate household has developed any reportable communicable disease, including but not limited to fever, cough, cold irritable eyes, vomiting, undiagnosed rash, or diarrhea or a life-threatening disease. A list of such disease can be found here: <http://tinyurl.com/nvxv5mp>. You also acknowledge that a copy of this list has been provided to you.

If your child become ill at the center, Happy Hearts will contact you to pick up the child from the center as soon as possible. In case of an accident or acute illness, if you are not immediately available or your emergency contacts, you hereby authorize Happy Hearts to call ambulance and to arrange care, including necessary emergency medical personal and surgical care if deemed necessary. You will be responsible for all expenses of this service covered by your insurance.

**RETURN CHECK POLICY** If your check is returned for insufficient funds, You must pay a thirty dollar (\$30) Processing fee to Happy Hearts. Happy Hearts retains the right to require that all the future tuition fees and the other payments be made directly in cash or cashier's check until they decide otherwise.

**COLLECTIONS** If it becomes necessary to turn your account over to a collections agency or attorney, you will pay the Center's reasonable attorney fees, legal expenses, and costs associates with the collections of your account.

**WITHDRAWAL OF CHILD BECAUSE OF BEHAVIOUR** Happy Hearts will make every effort to notify you of your child's behavioral problem so that they may be appropriately addressed. However, Happy Hearts retains the right to dismiss your child from the center because of behavior problems that the disruptive or may bring harm to him/her and or to others. Happy Hearts shall have no obligation to re-enroll your child or refund any tuition payment due to his/her dismissal.

**TWO WEEKS NOTICE** You must give two weeks of written notice to the school Director prior to withdrawing your child from Happy Hearts. You must also pay two weeks tuition from the notice is been received, regardless of whether your child continues to attend Happy Hearts.

**OPEN DOOR POLICY** Happy hearts has an open-door policy for our parents. This means that you are welcome to visit class, etc. with your child. We ask that if you are planning to have lunch with your child, please let us know so that we can play accordingly.

**NOTICE TO SCHOOL DIRECTOR** Written notice to the school director should be sent to the address listed below:

Director

Happy Hearts children's center

2730 Centreville road Herndon VA

**THE UNDERSIGN AGREE TO THE FOREGOING TERMS AND CONDITIONS.**

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

**HAPPY HEARTS CHILDREN'S CENTER**  
**TUITION POLICY AND REGISTRATION AGREEMENT**

**REGISTRATION FEE**

An initial registration fee of \$60.00 must be paid upon your child's enrollment with Happy Hearts. This registration fee is non-refundable. An additional registration fee will be incurred if you wish to re-enroll in Happy Hearts after one of the following occurs:

1. You withdraw your child from Happy Hearts for a continuous period of 30 days or more; or
2. Your child is withdrawn due to a delinquency in tuition payments or behavioral problems.

**PAYMENT OF TUITION**

Weekly tuition is due and payable on the first (1st) day of each week. The rates of tuition are incorporated in the attached Schedule. If your account becomes overdue, a \$5.00 late charge will be assessed per day. This late charge will apply from the first day following the tuition due date through the day you pay your tuition or your child withdraws from the school, whichever occurs first.

Tuition rates are subject to change as conditions may require. However, you will receive no less than two (2) weeks' notice prior to any change in your child's tuition.

Please understand that you are responsible for the full tuition payment and agree to pay it regardless of your child's attendance or absence at Happy Hearts. There will be no credit given for missed days.

**CHARGES FOR LATE PICKUP**

If your child remains at Happy Hearts past the scheduled closing time of 6:00 PM, you will be charged fifteen (\$15.00) per quarter hour (1/4) or any part thereof. This charge may be payable at the time of pickup or on your next tuition invoice.

**MEALS POLICY**

Happy Hearts serves breakfast, lunch, and snacks daily at the Center. Monthly menus will be provided at the beginning of each month.

For infants, the parent(s) must supply infant formula and appropriate food. If a child is on a special diet

**CHILD PICKUP**

If your child is to be picked up by anyone other than the parent(s) listed above, please inform the School Director in writing. A valid photo identification will need to be shown when the person picks up your child.

**FIELD TRIPS**

You give permission for your child to participate on field trips that include walking and traveling to and from locations away from the Center. Please note that your child can only participate on these trips if his/her behavior conforms to the Happy Hearts behavior policy.

**MEDICATION POLICY**

If your child has been prescribed any sort of medication, a separate medication authorization form must be completed. The prescription medications must be brought in its original container and must be taken home each day. All medications must be given to the School Director at the start of the school day.



## Absences / Vacation Policy

I understand that if my child(ren) take(s) a vacation or is/are absent from the Happy Hearts Children's Center for any reason I agree to pay full rate during that time.

The exception is 2 weeks' vacation at half rate per year.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# PICTURE RELEASE

\_\_\_\_\_ I hereby **GIVE** permission...

\_\_\_\_\_ I, hereby **DO NOT GIVE** permission...

...for images of my child via standard and or/digital photography or videography, to be used solely for the purposes Happy Hearts Children's Center publications in print or electronically.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date