



FOR OFFICE PERSONNEL:

Start Date:

____/____/____

PARTICIPANT INFORMATION

Child's Last Name	Child's First Name	Nickname	Sex	Age	Birth date
Child's Full Address (Street, City, State, Zip)				Home Phone	
Child's School & Grade		Additional Programs (sports, school activities, etc) Child may concurrently attend:			

MEDICAL/INSURANCE INFORMATION

Child's Physician	Physician's Phone	Does your child have any allergies? YES NO If yes, complete the Health Form	
Insurance Company Name/Address	Policy Number	Group Number	
Is your child under a physician's care/treatment or taking medication on a regular basis? YES NO List medication(s) that will need to be administered during programs and Medication Authorization Form is required. List Medications, and any side effects:			
Does your child have identified medical, physical, personal care or special needs (developmental, physical, emotional or learning)? YES NO If yes, please complete the Health Form			

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)			
Place of Employment	E-Mail Address	Do you have legal custody of the child? YES NO	
Secondary Guardian's Name	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)			
Place of Employment	E-Mail Address	Do you have legal custody of the child? YES NO	
Person/Agency with Legal Custody if different from above	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)			

EMERGENCY INFORMATION (3 adults other than parent/guardian, two within 30 miles of the Academy, authorized to pick up child)

Name	Relationship	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)				
Name	Relationship	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)				
Name	Relationship	Home Phone	Work Phone	Cell Phone
Home Full Address (Street, City, State, Zip)				
The following person is NOT authorized to pick up my child(ren)* Provide Name and Relationship: *Appropriate paperwork, such as a divorce decree or other legal documents must be attached if a parent is NOT allowed to pick up the child (ren).				

My signature confirms that the above information is accurate: that the guidelines and procedures of the program(s) my child is registered for will be adhered to: and I understand it is my responsibility to keep contact and emergency information current.

Signature of Parent or Guardian _____
Reviewed by _____

Date _____
Date _____

EMERGENCY MEDICAL RELEASE (please initial)

___ In the event of injury/serious illness, I give permission for Purcellville Children's Academy (PCA) staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility that decision will be made by the emergency team responding to the call.

___ In the event of injury/serious illness, I do not give permission for Purcellville Children's Academy (PCA) staff to obtain medical treatment for my child. Instead I instruct PCA to: _____

PHOTOGRAPHIC RELEASE

By signing below I give permission to PCA to use photographs and videos of my child for publicity in order to increase community awareness of PCA programs and in any and all publications and other media without limitation.

FIELD TRIP RELEASE

By signing below I give permission for my child to participate in PCA field trips (walking or on the PCA bus – only 4 yrs and older on the bus). I understand I will be notified of dates, destinations and times 48 hours in advanced and I have the right to opt my child(ren) out of the field trip (you will have to find alternative care if you opt out of the trip, PCA will not be able to provide backup care). I understand there may be an additional charge for some field trips.

SWIMMING

My child's swimming level is: ____ Beginner, ____ Average or ____ Advanced. Comments: _____

SUNSCREEN

By signing below I give PCA permission to apply sunscreen to my child. I understand I am responsible for the initial application prior to their arrival and PCA will re-apply throughout the day. Type and SPF: _____

REGISTRATION AGREEMENT (Please sign below)

1. The parent/ guardian agree to give permission/ authorization for the child/ren to participate in school activities such as field trips and sport activities.
2. The parent/ guardian agrees to pick up the child/ren as soon as possible from the PCA upon being notified whenever the child/ren become(s) ill.
3. You must notify PCA within 24 hours, if anyone in your household has a Communicable Disease. Prior to returning, parents must provide a physicians' certification that the condition is no longer contagious.
4. The parents/guardian authorizes the child/ren's teacher or school official(s) to enforce classroom regulations in a manner consistent with the school's policy and good discipline.
5. The parent/ guardian understands that the PCA reserves the right to dismiss the child/ren at anytime if the child/ren become unmanageable or disrupt(s) the promulgation of the academic program(s) in the classroom.
6. The parent/guardian agrees to provide the PCA the current medical and immunization records for the child/ren prior to enrollment.
7. Parents agree to the Administration of Medication Policy as outlined in the Parent Handbook.
8. If the child/ren brings a blanket or stuffed animal to be used for nap time the parent/guardian agrees to take the home to be washed on a weekly basis.
9. The parent/guardian is required to sign in upon arrival and out upon departure every day. This is a requirement of the Department of social Services and helps us to know who is in the building at all times.
10. The parent/guardian is responsible to inform the academy if the child/ren is/are ill and cannot attend school by 9:00 A.M.
11. **Payments are due the Friday before the following week if you pay weekly and by the 1st of the month if you pay monthly. If your payment is not received by close of business (6:30pm) on Fridays (weekly) or the 1st of the month (monthly) you will be assessed a late fee of \$20.00.**
12. We close promptly at 6:30pm. If you are more than five minutes late you will be charged a late fee. The following policy is stated in the handbook - After 7:00pm the center is required to notify the Child Protective Services and the Police Department regarding a parent's failure to pick up their child. Chargers are: 0- 5 minutes – \$5.00, 6-9 minutes - \$10.00, 11-19 minutes - \$20.00, 20-29 minutes - \$30.00, 30-45 minutes - \$50, and 45-60 minutes - \$75.00. Payable to PCA.
13. Your child/ren may bring in a blanket and a stuffed animal to sleep with. If you take the blanket/toy daily it will stay in your child's cubby before and after nap. Outside toys (cars, hand held computer/gaming devices, purses, dolls etc) are not allowed unless it is on show and tell day.
14. You must give PCA two weeks written notice if pulling your child/ren from the school. If we do not receive written notice you will forfeit your deposit.
15. There is a \$35.00 processing fee for all returned checks.
16. I am aware that PCA's Shelter In Place and Emergency Preparedness Plan is available at the center.
17. PCA is open Monday – Friday from 6:30 am – 6:30 pm. Please refer to the handbook for closures and inclement weather policy.
18. I understand swimming/field trips may be a part of program activities and I will be notified at least 48 hours in advance of dates, destinations, times and pick-up locations. Movies may be included, but are limited to G movies and only once a week.
19. I agree to abide by all the policies in the PCA Parent Handbook.
20. **Any balance that remains unpaid thirty (30) days after billing will be charged interest at a rate of 2% per month. If your account should require the assistance of a third party collection agency or attorney to obtain payment, you will be liable for all costs of collection, including but not limited to reasonable attorneys fees and court costs, which will be added to the original amount due.**
21. Registration and Supply Fees are non-refundable.

My signature confirms that the above information and registration is accurate: that the guidelines and procedures of the program (s) my child is registered for will be adhered to: I/we understand it is my responsibility to keep contact, emergency information and my billing account current.

Signature of Parent/Guardian #1: _____

Date: _____

Signature of Parent/Guardian #2: _____

Date: _____