



NORTHERN VIRGINIA ACADEMY OF EARLY LEARNING

Enrollment Date: _____
Withdrawal Date: _____

School _____

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Email Address _____
 Employer Address _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If father is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Email Address _____
 Employer Address _____

EMERGENCY CONTACT INFORMATION

- Persons authorized to pick-up the child daily: _____
- Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. *(Minimum of 2 required)*

_____	_____	_____	_____
Name	Street, City, State	Phone	Relationship

_____	_____	_____	_____
Name	Street, City, State	Phone	Relationship

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medications or other substances _____

Action to be taken _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent/Guardian _____ Date _____

PHOTO RELEASE

_____ I give permission for photos of my child to be used by NoVa Early Learning, for purposes to include but not limited to Constant Contact Emails and Newsletters, the NoVa Early Learning website, social media, ads, flyers, brochures, videos and for other marketing purposes.

_____ I do not wish for photos of my child to be taken and used for any of the above purposes.

CHILD'S PROFILE

FAMILY

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home:

NAME

AGE

RELATIONSHIP

Other family members living in the community:

NAME

AGE

RELATIONSHIP

HEALTH

What communicable diseases has the child had? Measles (Big Red) _____ Measles (3 day) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any chronic physical problem? _____

Type of accommodations needed*: _____

Any developmental or learning need? _____

Type of accommodations needed*: _____

** If special accommodations are needed, a current copy of the child's IEP or ISP is required.*

MEDICATIONS

Are any medications given regularly? (Please list medications and reasons) _____

Brand of infant formula (if applicable): _____ *Please note: It is NoVa Early Learning's policy to feed infants on demand unless other written instructions are on file from the child's*

SPEECH

Describe your child's speech: Rapid ___ Slow ___ Moderate ___ Clear ___ Talks Constantly ___

Seldom Speaks ___ Uses Many Words ___ Uses Few Words ___ Talks Only During Play ___

TOILETING

Does your child have any special toileting needs? ___ If so, please explain: _____

SLEEP PATTERNS

What time does your child go to bed? _____ Awaken? _____ Does he/she walk, talk or cry out at night? _____

Does he/she take anything to bed with them? ___ What is his/her mood upon awakening? _____

Does he/she take naps? _____ Typical time of nap: _____

INTERESTS

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Does he/she like to: Be read to? ___ Listen to music? ___ Play outdoors? ___

Can he/she ride a tricycle? ___

Has he/she had experience with: Clay? ___ Scissors? ___ Easel Painting? ___

Blocks? ___ Puzzles? ___ Finger Painting? ___

CHILD'S PROFILE (CON'T)

SCHOOLING

Please list any previous school and/or child care center enrollment:

Name of school/child care center City/Town State Date

Name of school/child care center City/Town State Date

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade or Class Level _____

COMMENTS

In what particular ways can we help your child this year? _____

Describe your child briefly (personality, abilities, etc.) _____

FINANCIAL AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the center's closing time, I will incur a late pick up charge. In the event that my child's tuition account becomes two weeks in arrears, I understand that my child care services with NoVa Early Learning will be terminated. I also agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees and reasonable collection agency fees incurred by NoVa Early Learning in connection with the collection of tuition and the enforcement of this agreement. I understand that NoVa Early Learning and its authorized agents will use any personal contact information (home, work, cell and emergency contact numbers) provided to us on this document in an attempt to collect any outstanding balance on the account.

Mother/Guardian Signature Date

Father/Guardian Signature Date

HOLD HARMLESS AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to release and hold harmless NoVa Early Learning and its employees, from any accident or harm that may occur should I retain the services of any NoVa Early Learning employee for the care of my child(ren) outside the child care center. I understand that NoVA Early Learning does not condone or encourage its employees to babysit for parents of enrolled children outside of the child care center. If I retain the services of any NoVa Early Learning employee in such capacity, NoVA Early Learning has no responsibility and is held harmless from any incident which may occur.

Mother/Guardian Signature Date

Father/Guardian Signature Date

IDENTITY VERIFICATION

FOR OFFICE USE ONLY

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

Director/Assistant Director Signature: _____

NOVA EARLY LEARNING POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that NoVa Early Learning will release children to either parent unless a court order indicating sole custody is provided to the center Director. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that child care services may be terminated for any of the following reasons:
 - My child's tuition account becomes more than two weeks in arrears.
 - Failure to respond in a timely manner when contacted by the center to pick my child when he or she is sick.
 - Failure to adhere to the 24 hour illness recuperation period.
 - Failure to notify the center, in advance, if my school age child will not be attending after-school care.
 - Failure to provide the center with up-to-date emergency contact information for my child.
 - NoVa Early Learning does not receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
 - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
 - Parents/guardians are no longer supportive of NoVa Early Learning's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
 - Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies in the NoVA Early Learning Family Handbook and understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____