



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 \_\_\_\_\_