

A Child's Place at Hollin Hall

1500 Shenandoah Rd, Alexandria VA 22308; 703-765-8811 (office); 703-765-7801 (fax); acphollinh@aol.com

APPLICATION FOR SACC REGISTRATION

* Denotes required field, please complete **ALL** fields. Incomplete registration forms will be returned for completion.

CHILD'S INFORMATION			
CHILD'S FULL NAME	NICKNAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
CHILD'S (FULL MAILING) HOME ADDRESS			HOME PHONE NUMBER ()
CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMODATIONS NEEDED:			
PREVIOUS CHILD DAY CARE PROGRAMS AND SCHOOLS ATTENDED AND HOW LONG?			
SCHOOL ATTENDING THIS FALL: _____		SCHOOL PHONE NUMBER: ()	
GRADE: _____ TEACHER: _____ FCPS BUS NUMBER (WAYNEWOOD AND STRATFORD LANDING STUDENTS ONLY) _____			

PARENTS / GUARDIANS INFORMATION			
FATHER'S FULL NAME		FATHER'S EMPLOYER AND OCCUPATION	
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		FATHER'S FULL BUSINESS MAILING ADDRESS	
FATHER'S CELL NUMBER	FATHER'S HOME NUMBER	FATHER'S WORK NUMBER	FATHER'S EMAIL
MOTHER'S FULL NAME		MOTHER'S EMPLOYER AND OCCUPATION	
MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		MOTHER'S FULL BUSINESS MAILING ADDRESS	
MOTHER'S CELL NUMBER	MOTHER'S HOME NUMBER	MOTHER'S WORK NUMBER	MOTHER'S EMAIL
*Persons or Agency having LEGAL custody of Child:			
I LIVE WITH _____ MOM AND DAD _____ MOM _____ DAD _____ OTHER: (PLEASE SPECIFY)			

EMERGENCY INFORMATION					
ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC. AND ACTION TO TAKE IN AN EMERGENCY:					
PHYSICIAN'S NAME			PHONE NUMEBER ()		
NAME OF LOCAL RELATIVE, FRIEND, OR OTHERWISE RESPONSIBLE PERSON TO CONTACT IF PARENTS CANNOT BE REACHED. THESE INDIVIDUALS ARE ALSO AUTHORIZED TO PICK-UP THE CHILD, IF THE PARENT IS UNABLE TO BE CONTACTED.					
1. FULL NAME			2. FULL NAME		
RELATIONSHIP TO CHILD	HOME PHONE		RELATIONSHIP TO CHILD	HOME PHONE	
HOME STREET ADDRESS			HOME STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
WORK PHONE	CELL PHONE		WORK PHONE	CELL PHONE	
PERSONS AUTHORIZED TO PICK UP CHILD					
*PERSONS NOT AUTHORIZED TO PICK UP CHILD					

*Appropriate paperwork such as a divorce decree must be attached if a parent is not allowed to pick up the child.

OFFICE USE ONLY (IDENTITY VERIFICATION)					
DATE ADMITTED	DATE WITHDRAWN	REGISTRATION FEE	CLASS		
CHILD BIRTH CERTIFICATE NUMBER	BIRTH DATE	PLACE OF BIRTH	DATE ISSUED		
OTHER FORMS OF PROOF					

_____ Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or 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.

_____ 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). 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.

Verification viewed on _____ and documented by _____ on behalf of A Child's Place at Hollin Hall. Date _____

School Representative _____

A CHILD'S PLACE AT HOLLIN HALL POLICIES/PROCEDURES

1. **Health Policy.** Our goal is a school full of healthy children. We come close to achieving this goal if parents and staff work together. Our staff members practice and teach good health habits, such as hand washing before meals and after toileting. We ask that parents do their part by keeping ill children out of school. We know unplanned absences from work mean hardships for many parents. We recommend that you have a relative, baby-sitter, or friend lined up for back-up care when your child is ill.
2. **Health Screening.** Several of our staff members have training to screen children for signs and symptoms of communicable diseases. Screening is done in the morning as the children arrive, as part of our normal greeting procedure. If a child has a temperature of 100° or higher, diarrhea, vomiting, or other signs of communicable illness at school, we will make the child comfortable, separate him/her from the other children, and call the parent to pick up the child as soon as possible.
3. **Communicable Diseases.** Parents agree to inform A Child's Place at Hollin Hall if a member of their immediate household has developed any reportable communicable disease, as defined by the State Board of Health, within 24 hours. Any life-threatening diseases must be reported immediately.
4. **Tuition.** Parent(s) agree to pay tuition weekly, in advance, in accordance with the current applicable tuition schedule and any subsequent modification(s) thereto; such modifications and the Registration Handbook are hereby incorporated (by reference) into this agreement. A \$30.00 delinquent fee will be due if payment is not received by the end of business Wednesday. The parent(s) agree to pay court costs and 25% attorney's fees in the event of default payment pursuant to the above terms. It is also agreed that parent(s) shall be entitled to no deduction for absences of students from the Center for any reason.
5. **Notice of Withdrawal.** Parent(s) agrees to give at least two weeks written notice to the Center before withdrawing the child. Regular tuition charges apply to this two-week period. A new enrollment fee will be required should the child be re-enrolled at a later date.
6. **Notice of Expulsion.** Should it become necessary to suspend or expel because of disciplinary problems, unresolved differences with a parent or child, or non-payment of fees the Director may give notice of expulsion immediately.
7. **Use of Pictures.** Parent(s) hereby give permission for use of picture(s) or video/audio recording of child participating in Center activities for Center publicity purposes.
8. **Duty of Care.** The Center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is in its custody. In a medical emergency, the Center shall attempt to contact the parent(s) and personal physician as soon as possible, but it shall be free and hereby authorized to secure the most available medical assistance, consistent with what appears to be in the best interest of the student at the time of the emergency.
9. **Field Trips.** Unless parent(s) specifies otherwise in writing, it shall be agreed that the child has parents(s) permission to go on Center sponsored field trips. In case of admissions charge, advance notice will be sent to parent(s).

WHO REFERRED YOU TO THIS CENTER?		HOW DID YOU HEAR ABOUT US?		
OTHER CHILDREN IN FAMILY AND AGES				
DESIRED ENTRANCE DATE	PLEASE SELECT DESIRED PROGRAM:	BEFORE SCHOOL ONLY	AFTER SCHOOL ONLY	BEFORE & AFTER SCHOOL

By signing below, I hereby acknowledge that I/we have received, read, and understand the A Child's Place at Hollin Hall Parent Handbook and agree to all terms stated above. This Agreement shall be in effect for as long as my child is enrolled at A Child's Place at Hollin Hall.

MOTHER/LEGAL GUARDIAN	DATE	FATHER/LEGAL GUARDIAN	DATE
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DIRECTOR	DATE
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Annual Update
 Parent Signature _____ Date _____ School Representative _____ Date _____

Annual Update
 Parent Signature _____ Date _____ School Representative _____ Date _____

Annual Update
 Parent Signature _____ Date _____ School Representative _____ Date _____

Annual Update
 Parent Signature _____ Date _____ School Representative _____ Date _____

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