



# FIRST STEP PRESCHOOL



Mon. \_\_ Tues. \_\_ Wed. \_\_ Thurs. \_\_ Fri. \_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_

I hereby apply to place my child in First Step Preschool for the year of \_\_\_\_\_.

My child will enter kindergarten in the school year \_\_\_\_\_.

If he or she is accepted, I agree to the conditions set forth in this application and the current brochure.

I understand that First Step Preschool reserves the right to dismiss any child who consistently displays unruly behavior that impairs the learning environment or safety of other students.

I understand that every student must be potty trained and that diapers or pull-ups are not allowed.

I also authorize First Step to accept my verbal permission for field trips when my written permission has not been obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return with the registration fee of \$50.00 to:

Debbie Houck 7504 Old Plank Road Fredericksburg, VA 22407

We are honored that you have chosen First Step Preschool to begin your child's journey into learning and will do our best to make it a wonderful experience for them.

# FIRST STEP PRESCHOOL

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_

Chronic Physical Problems/Patient Developmental Info/Special Accomodations Needed

\_\_\_\_\_  
Father \_\_\_\_\_ Place Employed \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Place Employed \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

Person(s) or Agency Having Legal Custody of Child \_\_\_\_\_

## EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Two People to Contact if Parent Cannot be reached:

1. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) Authorized To Pick Up Child \_\_\_\_\_

Person(s) Not 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 VA 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 or 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**

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Center \_\_\_\_\_  
Date

Date Child Entered Center \_\_\_\_\_ Date Left Care \_\_\_\_\_

**\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the objection and the reason for the objection.**

# IDENTIFICATION VERIFICATION

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

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

Place of Birth \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Other Form of Proof \_\_\_\_\_

Date Documentation Viewed \_\_\_\_\_

Person Viewing Documentation \_\_\_\_\_

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

Proof of the child's identity and 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 VA, 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 VA and the center assumes responsibility for the child directly from the school or the center transfers responsibility of the child directly to the school. 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.

Sect. 63.2-1809 of the Code of VA 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 shredding, erasing, or otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.