

Faces of the Future Academy, Inc.

Child Registration

Child Name: _____ Nick Name: _____

Date of Birth _____ Sex _____ Home Phone Number _____

Parent Information

Father Name: _____ Mother Name _____
Address _____ Address _____

Employment: _____ Employment: _____
Address _____ Address _____

Phone Number _____ Cell _____ Phone Number _____ Cell _____

Emergency Contact Information

In the event of any Emergency and the Parent CANNOT be reached I authorize Faces of the Future Academy, Inc. to contact the following.

Contact #1 Name: _____ Contact #2 Name _____
Address _____ Address _____

Employment: _____ Employment: _____
Address _____ Address _____

Phone Number _____ Cell _____ Phone Number _____ Cell _____

Name, Address and Phone number of Child's Pediatrician.

Persons Authorized for Pick-up

The following are authorized to pick my child up from the center in the event of an emergency. I understand that anyone other than the parent will be required to show photo ID upon picking up any child.

Authorized for Pickup _____

The following persons listed should never be allowed to pick up my child. _____

Please note: Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the Code of Virginia 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.

Child Medical History and Allergy

Please list any allergies to Food, Medication, etc. and Action to be taken in an emergency.

Allergy: _____ Action to Be taken _____

Allergy: _____ Action to Be taken _____

Allergy: _____ Action to Be taken _____

Allergy: _____ Action to Be taken _____

Please list any Chronic Physical Problems, Pertinent Developmental Information, or Special Accommodations needed:

Please list any previous Child Day Care Programs and Schools Attended:

If your child attends this center and another school/program, give name of School/Program and Grade level.

AGREEMENTS

1. Faces of the Future Academy, Inc. 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 Faces of the Future Academy, Inc. 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.

Parent Signature

Date

Parent Signature

Date

Signature of Administrator or Director

Date

Date of Admittance _____ Date of Discharge _____

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

OFFICE USE ONLY

IDENTITY VERIFICATION

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

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 provided):

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 Virginia, 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 Virginia and the center assumes responsibility for the child directly from school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before 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.

Section 63.2-1809 of the Code of Virginia 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 (1) shredding, (2) erasing, or (3) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

FACES OF THE FUTURE ACADEMY, INC.

Parent/Provider Contract

1. I agree to fill out, sign and return the following forms: Registration Form, Parent/Provider Contract, Emergency Consent Form, Physical and Immunization Records. All forms are due before admittance into the center.
2. I authorize Faces of the Future Academy, Inc. to seek immediate medical care in the event of an emergency and I cannot be located in a timely manner.
3. In the event Faces of the Future Academy, Inc. telephones me that my child is ill, I agree to pick up my child within a reasonable time period.
4. I agree to inform Faces of the Future Academy, Inc. within 24 hours or the next business day after my child or any member of my household has developed a communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
5. I understand and accept all fee and payment schedules and payment policies of Faces of the Future Academy, Inc. I understand that a two-week written notice of withdrawal be given; otherwise I agree to pay two weeks regular tuition for compensation. Should legal action be taken against me for non-payment of fees that I own to Faces of the Future Academy, I agree to pay all legal costs and attorney fees incurred by Faces of the Future Academy, Inc. while attempting to collect a debt.
6. I authorize Faces of the Future Academy, Inc. to allow my child to participate in field trips and planned activities within the center. _____ Yes _____ No.
Comments: _____.
7. I understand that tuition is due each week that my child is enrolled at Faces of the Future Academy, Inc. whether my child is in attendance or not. I understand that after 6 months of continuous enrollment, my child will be eligible for five (5) days' vacation at no charge. I understand that my child cannot be in attendance during this time and vacation must be taken Monday through Friday.
8. I understand that Faces of the Future Academy, Inc. reserves the right to dismiss any child if they deem the care inappropriate for any reason. I understand they will give me two (2) weeks to find alternate care. However, if they feel my child is a direct threat to himself, other children, or staff, my child may be terminated immediately.
9. I understand that Faces of the Future Academy, Inc. will release my child to the following persons: (1) Parent or Guardian, (2) any emergency contact listed on enrollment forms, or (3) any other individual with written prior notice from legal parent or guardian.
10. I understand Faces of the Future Academy, Inc. reserves the right to refuse anyone attempting to pick up my child if there is any indication that they are impaired by alcohol or drugs.
11. I understand Faces of the Future Academy, Inc. operates and is open for business Monday through Friday 6:30 a.m. until 6:30 p.m. Late pick up fees will be assessed at 6:35 p.m. Late pick up fees are \$10.00 for the first 5 minutes and \$1.00 per minute thereafter. There will be no exceptions to this rule.
12. I understand there will be at \$50.00 fee for any and all returned checks. In the event of repeated returned checks, I may be asked to pay in cash or by cashier's check.
13. I understand my weekly tuition rate is _____. Tuition is due Monday morning. Late fees will be assessed for any payment not received by 6:31 p.m. on Tuesday of each week.
14. I understand my registration fee is _____. This fee is due upon enrollment and each September thereafter.
15. Other:

_____.

I am the Parent or Legal Guardian and have legal custody of _____,
and I agree to enroll my child in programs at Faces of the Future Academy, Inc. I further attest that I have read,
understand, and agree to abide by the rules and responsibilities stated in this contract. I further attest that I have
read, understand and agree to abide by the guidelines set forth by Faces of the Future Academy, Inc. Parent
Handbook.

I understand that all forms must be completely filled out and returned before my child enters the program and that
all forms are subject to yearly renewal and must be kept up to date.

Proposed entrance date: _____

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Director/Owner Signature

Date

Date Admitted _____ Date of Termination _____

Disciplinary Action Agreement

If a serious problem or conflict occurs with a child in the center, the parent will be called to pick up the child
immediately. Following a conference between the parent and the director/owner the child will be allowed to return
to center. If a second serious offense occurs, the parent will be again called to pick up the child and the child will be
suspended for three (3) days. A third serious offense will result in the child being dismissed from the school.

If the circumstances are such that the safety and/or welfare of children or staff members are jeopardized, the Director
shall have the authority to immediately dismiss a child without the suspension process.

If a child willfully or intentionally damages any school property, the child and his/her parent will be required to pay
repair or replacement costs.

I have read, understand, agree to, and will support the discipline policies set forth by Faces of the Future Academy,
Inc.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Infection Control Policy

In a childcare setting, children come into contact with groups of children outside their families. In this situation illness of one child can spread rapidly through the center. Stringent measures must be used to prevent the spread of diseases.

Parents can greatly aid in the control of this by following these guidelines:

1. If your child has been exposed to any contagious diseases, please inform the center.
2. If your child shows any of the following symptoms, you will be asked to immediately pick up your child. If your child exhibits any of the following symptoms at home, we ask that you keep him/her out of the center until the symptoms are gone or until your physician says he/she is no longer contagious.
 - A. An axillary temperature of 100 degrees F or more.
 - B. Severe coughing (child turns blue or red in the face).
 - C. Difficult or rapid breathing (especially in infants).
 - D. Yellowish skin or eyes.
 - E. Pinkeye (discharge from the eyes followed by swelling and redness).
 - F. Unusual spots or rashes.
 - G. Sore throat or trouble swallowing.
 - H. Crusty, bright yellow, dry or gummy areas of skin.
 - I. Headache or stiff neck.
 - J. Vomiting.
 - K. Diarrhea.
 - L. Severe itching or scratching of the body or scalp.

If any of the above symptoms are present and if a child appears cranky or less active than usual, cries more than usual, or seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be monitored carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend the center as healthy as possible. We thank you for your cooperation.

I have read and understand the infection control policy and agree to abide by it for the protection of my child as well as others.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

