

**Country Woodland School**  
 7152 Woodland Dr. Springfield, VA 22151  
 703-256-49400, fax: 703-642-2889 cwschool1@aol.com

**APPLICATION FOR REGISTRATION**

Please complete **ALL** fields.

<b>CHILD'S INFORMATION</b>					
CHILD'S FULL NAME		NICKNAME	SEX	DATE OF BIRTH (M/D/YEAR)	
CHILD'S (FULL MAILING) HOME ADDRESS				SOCIAL SECURITY NUMBER	
HOME PHONE NUMBER ( )	CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMODATIONS NEEDED:				
PREVIOUS CHILD DAY CARE PROGRAMS AND SCHOOLS ATTENDED AND HOW LONG?					
IF CHILD ATTENDS THIS CENTER AND <b>ANOTHER</b> SCHOOL PROGRAM, GIVE NAME OF SCHOOL: _____					
SCHOOL PHONE NUMBER: ( )		GRADE:	TEACHER:		
<b>PARENTS / GUARDIANS INFORMATION</b>					
FATHER'S FULL NAME			EMPLOYER AND OCCUPATION		
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)			FULL BUSINESS MAILING ADDRESS		
FATHER'S SOCIAL SECURITY NUMBER	FATHER'S HOME PHONE NUMBER		FATHER'S CELL PHONE NUMBER	FATHER'S WORK PHONE NUMBER	
MOTHER'S FULL NAME			EMPLOYER AND OCCUPATION		
MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)			FULL BUSINESS MAILING ADDRESS		
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S HOME PHONE NUMBER		MOTHER'S CELL PHONE NUMBER	MOTHER'S WORK PHONE NUMBER	
MOTHER'S EMAIL ADDRESS			FATHER'S EMAIL ADDRESS		
*Persons or Agency having LEGAL custody of Child:					
I LIVE WITH _____ MOM AND DAD _____ MOM _____ DAD _____ OTHER:					
<b>EMERGENCY INFORMATION</b>					
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. NAME			2. NAME		
RELATIONSHIP	HOME PHONE		RELATIONSHIP	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 <b>NOT</b> 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.

<b>OFFICE USE ONLY (IDENTITY VERIFICATION)</b>					
DATE ADMITTED	DATE OF WITHDRAWAL		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 \_\_\_\_\_ Date and documented by \_\_\_\_\_ School Representative on behalf of Country Woodland School

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. 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. Parents agree to inform Country Woodland School, 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 \$15.00 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 disenrolling 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. **Disenrollment Policy.** Examples of possible reasons for disenrollment of your child may include, but are not limited to, acts or threats of violence, unresolved differences with a parent or child, or non-payment of fees. Every effort to resolve conflicts will be made. Should disenrollment be the final outcome, the Director and Executive Administrator make the decision.
7. **Use of Pictures.** Parent(s) hereby gives 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).

NATIONALITY	RELIGION
WHO REFERRED YOU TO THIS CENTER?	HOW DID YOU HEAR ABOUT US?
OTHER CHILDREN IN FAMILY AND AGES	
ENTRANCE DATE	CHILD'S HOURS

By signing below, I hereby acknowledge that I/we have received, read, and understand the Country Woodland School Handbook and agree to all terms stated above. This Agreement shall be in effect for as long as my child is enrolled at Country Woodland School.

Mother / Legal Guardian	Date	Father / Legal Guardian	Date

Director	Date

# CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Persons or Agencies Having Legal Custody of the Child:**

Special Instructions Regarding Custody: \_\_\_\_\_

Persons Authorized to Pick-up Child: \_\_\_\_\_

Persons Not Authorized to Pick-up Child: \_\_\_\_\_

*Note: Appropriate paperwork, such as divorce decree will be attached if a parent is not allowed to pick-up the child.*

The parent(s) / guardian authorized **COUNTRY WOODLAND SCHOOL** to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and /or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations that are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I / We will be responsible for payment of medical expenses. \_\_\_\_\_  
Signature of Parent / Guardian

2. Medical treatment costs are covered by:

A. Blue Cross Blue Shield Policy number: \_\_\_\_\_

B. Medicaid Coverage number: \_\_\_\_\_

C. Other Medical Insurance:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

D. No Insurance: \_\_\_\_\_

Signature of Parent / Guardian

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

Child's Allergies: \_\_\_\_\_

Outstanding Medical History (Diabetes, Heart Disease, Asthma, etc.): \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

*This form is to be kept by the licensed care provider and is to be taken to the doctor at treatment facility in case of emergency.*