



Ivey Memorial United Methodist Church

Ivey Child Development Center

17120 Jefferson Davis Highway
 South Chesterfield, VA 23834-5553
 804-526-6544

CHILD INFORMATION

Child's Name:	Nickname:	DOB:	Sex:
Person having legal custody:			SS#
<input type="radio"/> Child Lives with Mother	<input type="radio"/> Child Lives with Father	<input type="radio"/> Child Lives with Guardian	
Street Address:			
City:	State:	Zip:	Home Phone:
If Child Attends Public School:			
School's Name:			Phone:
Child's Teacher:		Grade:	School year:
Previous Day Care:			
School's Name:			Phone:
Child's Teacher:		Age:	School year:

PARENT / GUARDIAN INFORMATION

Biological Mother's Name:		SS#	Cell Phone:
Home Street Address:			Home Phone:
City:	State:	Zip:	E-mail:
Employer:		Occupation:	
Employer Street Address:			
City:	State:	Zip:	Work Phone:

Biological Father's Name:		SS#	Cell Phone:
Street Address:			Home Phone:
City:	State:	Zip:	E-mail:
Employer			
Employer Street Address:			
City:	State:	Zip:	Work Phone:

Step parent /Guardian:		SS#	Cell Phone:
Street Address:			Home Phone:
City:	State:	Zip:	E-mail:
Employer			
Employer Street Address:			
City:	State:	Zip:	Work Phone:

Mother's Name Printed: _____ Signature: _____ Date: _____

Father's Name Printed: _____ Signature: _____ Date: _____

MEDICAL INFORMATION

Physicians Name:		Phone:
Street Address:		
City:	State:	Zip:
Allergies to food or medications: (Dr.'s note must be attached)		
Chronic physical problems and special accommodations: (Dr.'s note must be attached)		

1. The child day care center agrees to notify the parents/ guardians whenever the child becomes ill and the parents/guardians will arrange to have the child picked up within 1 hour. Children must be symptom free for 24hours before they may return to day care. _____(Initial)
2. The parents/guardians authorize the day care center to obtain immediate medical care if any emergency occurs when the parents/guardians cannot be located immediately. _____(Initial)
3. The parents/ guardians agree to inform the center within 24 hours after his child or any member of their immediate family is diagnosed with a communicable disease, life threatening diseases shall be reported immediately. _____(Initial)
4. The day care will post any reported communicable diseases within 24 hours of the report. _____(Initial)

LOCAL EMERGENCY CONTACTS (not listed above) – authorized to make emergency decisions when parents cannot be reached

Emergency Contact #1:	Relationship:	Cell Phone:
Street Address:		
City:	State:	Zip:
Employer		Home Phone:
Employer Street Address:		
City:	State:	Zip:
Employer		Work Phone:
Emergency Contact #2:	Relationship:	Cell Phone:
Street Address:		
City:	State:	Zip:
Employer		Home Phone:
Employer Street Address:		
City:	State:	Zip:
Employer		Work Phone:

Persons authorized to pick up child

Contact::	Relationship:	Phone:
Contact::	Relationship:	Phone:
Contact::	Relationship:	Phone:
Contact::	Relationship:	Phone:
Contact::	Relationship:	Phone:
Contact::	Relationship:	Phone:

***IF YOU HAVE A COURT ORDER THAT PROHIBITS A PARENT OR RELATIVE FROM PICKING UP A CHILD YOU MUST BRING A COPY OF THAT ORDER WITH YOU TO BE ATTACHED TO THE PAPERWORK. WITHOUT A LEGAL COURT ORDER, IVEY CDC WILL NOT PREVENT A BIOLOGICAL PARENT FROM PICKING UP THEIR CHILD.**

Mother's Name Printed: _____ Signature: _____ Date: _____

Father's Name Printed: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

ENROLLMENT DATA (Complete as appropriate)

Door Code: _____

Date to begin Enrollment: _____ Date Dis-Enrolled _____

Preschool Class: _____ Full-Time / Part-Time M-W-F / Part-Time T-TH.

School Age Class: _____ Before and After / Before only / After only

Transportation: to school / from school. Name of School _____

NOT AUTHORIZED TO PICK UP

Appropriate paper shall be attached if a parent is not allowed to pick up the child without such paperwork the child will be released to the biological parent.

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 request of the non-custodial parent, as an emergency contact for events during school or day care activities

Parent/Guardian's Name:		Relationship:	Cell Phone:
Street Address:			
City:	State:	Zip:	Home Phone:
Employer			
Employer Street Address:			
City:	State:	Zip:	Work Phone:
Parent/Guardian's Name:		Relationship:	Cell Phone:
Street Address:			
City:	State:	Zip:	Home Phone:
Employer			
Employer Street Address:			
City:	State:	Zip:	Work Phone:

Identity Verification

Proof of the child's identity and age must be presented before a child may start day care. Ivey CDC requires you to produce the original birth certificate for review.

Place of Birth	Date of Birth	Birth Certificate Number	Date of Issue
Other Form of Proof		Person who viewed	Date Reviewed
Mother's Name:			
Father's Name:			

I have reviewed this child file for completed paperwork _____ (Date)
(Administrator of Center)

Bus/Van Acknowledgement

This form must be completed prior to your child traveling by bus or van with Ivey CDC.

While riding your child is expected to: remain seated facing forward

Keep book bags closed

Keep book bags on the floor directly under there seat

Wear seat belts / 3point harness (if under 8years)

Refrain from eating or drinking while on the bus

Any disruptive behaviors will be reported to the office and the parents. Our drivers #1 priority is the safe delivery of the children to their destination and horseplay will not be tolerated.

In the event that the Bus/Van break down while transporting the children to or from any activity
(check one)

_ I want to be called to go pick my child up at # _____

Or

_ I give permission for Ivey Van/ Bus drivers to transport my child by means of personal vehicles which maintain all standards met by the Bus/Van such as current Insurance, registration, tags and drivers.

---I also acknowledge that I am responsible for the repair or replacement of any intentional damages caused to the Bus/Van by my child. (Such as, but not limited to: Ripping the seats)

- If Ivey CDC transports your child from public school in the afternoons and your child will not need transportation for any reason you MUST notify the day care by 2:00 –failure to notify the office 3 times will result in a loss of transportation services for your family. We have a schedule to follow in order to ensure all children are picked up on time from their schools. When we have to stop to track down children who did not arrive to our after school program it makes us late to the rest of our stops. In order to ensure the safety of all of our students –we must account for every student every day. We hope you understand.

I authorize Ivey CDC to transport my child _____ to/from school and or field trips.

Mother's Name Printed: _____ Signature: _____ Date: _____

Father's Name Printed: _____ Signature: _____ Date: _____