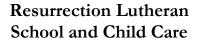
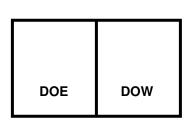


ENROLLMENT FORM

2020-2021





Child's Name (Last Name, First Name)	Nickname	Date of Birth	Sex		
Address	I		Phone		
Chronic Physical Problems/Pertinent to Developmental Information/Special Accommodations Needed					
Previous Child Day Care Programs and Schools Attended					
If Child Attends this Center and Another School/Program, Give Name of School/Program					
PARENTS(S)/GUARDIAN(S)					
Father (Last Name, First Name)		Employed	Work Phone		
Home Address			Home Phone		
Email Address:					
Mother (Last Name, First Name)	Place E	Employed	Work Phone		
Home Address	·		Home Phone		
Email Address:					
Person(s) or Agency Having Legal Custody of Child					
Home Address			Home Phone		
Business Address			Work Phone		
Emergency Information					
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency					
Child's Physician and Address			Phone		
Two Contacts if Parent(s) Cannot Be Rea	ached A	address	Phone 1.		
2.	2.		2.		
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 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.

ENROLLMENT FORM

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)/guardians 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.

Pa	rent(s) or Guardian(s))	Date
Administrator of Center			Date
Date Child Entere	ed Care:	Date Le	ft Care:
	tion to seeking emerger on and the reason for th		obtained from the parent(s) or guardian(s)
	OFFICE USE	ONLY IDENTITY VERIFIC	ATION
Birth Date		Birth Certificate	Verified by:
	State	Number	
programs are not required 1809 of the Code of Virgin conclusion of the requisite social security numbers sha numbers in those records t	to keep the proof of the chik ia states that the proof of ide period of retention. The pro ill include all reasonable steps o make them unreadable or i	d's identity, documentation of viewing this informentity, if reproduced or retained by the child day preduces for the disposal, physical destruction or or control of the disposal physical destruction or	other disposition of the proof of identity containing erasing, or (iii) otherwise modifying the social securit (05)
What is your child	l's concept of God?)	
		rmation such as special accom hat will assist our staff in carin	
Drop off Time: _		Who will usually drop off	your child?
Pick up Time:		Who will usually pick up y	our child?

ENROLLMENT FORM

2019-2020 Resurrection Lutheran School and Child Care

Enrollment Worksheet & Financial Agreement for All Students **Legal and binding contract between Parents/Guardian and RLS**

Registration Fee (Non-refundable): \$	Date paid:
Program enrolled	
Program enrolled: Child's name	Program
	Full-Time Weekly Tuition: \$
	Or
	Part-Time Monthly Tuition: \$
Other fees: T-shirt size: YXS YS YM	YL \$10
Payment Plan: (circle one) Monthly (1st o	f the month) or Weekly (Friday prior to the week of care)
	unt. 10% discount for military. 10% discount for RLC members. Discounts not to exceed 20%.
Amount Due for 2019-2020 School Year:	
Other Fees (t-shirt):\$	Child Weekly Tuition Fee: \$ or Monthly Tuition Fee: \$
	Total Monthly/Weekly Fees Due: \$
	Financial Agreement
 I understand and agree to the following: The Registration Fee is non-refundable. No credit will be given for vacation taken described by the paid prior of the first month's tuition must be paid prior to a \$35 bookkeeping fee will be charged for A \$35 late fee will be assessed for monthly A \$35 late fee will be assessed for weekly prior and prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be a \$35 late fee will be a \$35 late fee will be assessed for weekly prior to a \$35 late fee will be a \$35 late fe	during the school year. ORKDAY OF THE MONTH In to my child(ren) entering the school and child care and is non-refundable. In returned checks. In payments received after the 5th of the month. In payments received after close of business Monday of the week of care. Oth of the month, I understand that my child(ren) may be suspended from school of a collection agency if I fail to pay all tuition & fees due the school. I understand all and/or collection fees. In a collection fees. In a collection agency if I fail to pay all tuition & fees due the school. I understand all and/or collection fees.
Parent/Guardian Printed	Parent/Guardian Signature Date