



**Child Registration Form  
Licensed Child Care Programs**

|   |  |          |       |               |            |
|---|--|----------|-------|---------------|------------|
| Child's Full Name   |  | Nickname |       | Date of Birth | Sex        |
| Address   |  | City     | State | Zip           | Home Phone |
| Chronic Physical Problems/Pertinent 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        |  |          |       |               | Grade      |

**PARENT(S)/GUARDIAN(S)\***

|   |                |                 |
|---|----------------|-----------------|
| Father  | Place Employed | Business Phone  |
| Home Address  |                | Home/Cell Phone |
| Mother  | Place Employed | Business Phone  |
| Home Address  |                | Home/Cell Phone |
| Parent/Guardian or Agency Having Legal Custody of Child |                |                 |
| Home Address  |                | Home/Cell Phone |
| Agency Business Address                                 |                | Business Phone  |
| Father Email  | Mother Email   |                 |

**EMERGENCY INFORMATION**

|  |                  |       |
|--|------------------|-------|
| Allergies Or Intolerance To Food, Medication, Etc., And Action To Take In An Emergency |                  |       |
| Child's Physician  | Phone #:         |       |
| Two People To Contact if Parent(s)<br>Can <b>Not</b> Be Reached                        | Complete Address | Phone |
| 1.   | 1.               | 1.    |
| 2.   | 2.               | 2.    |
| Person(s) (other than parent) <b>Authorized</b> To Pick Up Child                       |                  |       |
| Person(s) <b>NOT Authorized</b> 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 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.

(Over)

## AGREEMENTS

**Parent  
Initials**

- \_\_\_\_\_ 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. I give Clarke County Parks & Recreation permission to transport my child to and from field trips by Clarke County Vehicles, Clarke County School bus or by Charter Bus.
- \_\_\_\_\_ 4. I have read the Parent Handbook and understand the policies and procedures listed.
- \_\_\_\_\_ 5. 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(s) or Guardian(s) | Date  |
| _____                    | _____ |
| Administrator of Center  | Date  |

Date Child Entered Care: \_\_\_\_\_ Date Child Left Care: \_\_\_\_\_

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

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### OFFICE USE ONLY IDENTITY VERIFICATION

|                     |            |                           |                              |
|---------------------|------------|---------------------------|------------------------------|
| Place of Birth      | Birth Date | Birth Certificate Number  | Date Issued                  |
| Other Form of Proof |            | Date Documentation Viewed | Person Viewing Documentation |

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

Date

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, 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 (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 shredding, erasing or otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

032-05-252/11 (06/05)



\_\_\_\_\_  
Participant's Name

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**Licensed Child Care Programs  
Family Handbook Acknowledgment**

I acknowledge that I have received and read the Family Handbook. I further acknowledge that I will abide by the policies as outlined in the Family Handbook. Failure to abide by these policies may result in the removal of the participant from the Licensed Child Care Program.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

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**Photograph Release**

This release form will allow Clarke County Parks and Recreation to photograph program participants and activities. Pictures may be used as promotional advertisements for programs.

By signing and dating this release, you are giving Clarke County Parks and Recreation consent to take such photographs and use them as promotional material.

☐ I DO NOT want pictures of my child to be used for promotional advertisement.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date



**AFTER SCHOOL PROGRAM**  
Authorization to Release Information  
2025 - 2026 School Year

My child \_\_\_\_\_ will be attending the Clarke County Parks & Recreation State Licensed Afterschool Childcare program.

Parent/Guardian  
Initials:

\_\_\_\_\_ I give authorization for Clarke County Parks & Recreation Licensed Childcare Staff to obtain vital information from Clarke County Public Schools, about the whereabouts of my child in the event they do not report to the After School Program. It is essential that this information be released to Clarke County Parks & Recreation Licensed Childcare Staff in a timely manner.

\_\_\_\_\_ I acknowledge that I have read and fully understand the Afterschool Program policy for reporting absences from the program. Failure to follow this policy will result in the dismissal of my child from the program.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

School My Child Attends: \_\_\_\_\_



## Afterschool Program 2025-2026 School Year Payment Schedule Acknowledgment

| One Time Registration Fee \$35/Per Child<br>for the 2025-2026 School Year | Due Dates         | Amount Due | Holidays<br>Closed                                      |
|---|-------------------|------------|---|
| August 19 – August 29   | Upon Registration | \$135.00   | X   |
| September 1 – September 30  | August 20         | \$300.00   | September 1   |
| October 1 – October 31  | September 20      | \$315.00   | X   |
| November 3 – November 28  | October 20        | \$225.00   | November 4<br>November 26<br>November 27<br>November 28 |
| December 1 – December 19  | November 20       | \$225.00   | December 22-December 31                                 |
| January 1 – January 31  | December 20       | \$270.00   | January 1<br>January 2<br>January 19                    |
| February 2 – February 27  | January 20        | \$270.00   | February 16   |
| March 2 – March 31  | February 20       | \$285.00   | March 30 & 31   |
| April 1 – April 30  | March 20          | \$270.00   | April 1-3 & April 6                                     |
| May 1 – May 29  | April 20          | \$285.00   | May 1<br>May 25   |
| June 1 – June 3   | May 20            | \$45.00    | X   |

### After School Program Schedule:

Ages: Kindergarten – 5<sup>th</sup> Grade

- After School Hours: 3:00PM – 6:00PM (Monday-Friday)
- 2 Hour Early Release Days: 1:00PM – 6:00PM
- Inclement Weather No School: Closed
- Inclement Weather Early Release: Opens when the school releases but **Closes at 4PM**  
(Late pick up fees will be applied if your child is not picked up by 4:00PM)

**At the time of After School registration your child is registered for the 2025-2026 school year. A two week written notice is required to withdraw from the program.**

This program follows the Clarke County Public School Calendar and is subject to change.

**Allow two week days (M-F) to process your registration.**

**First month tuition plus \$35 non-refundable registration fee is due upon registration. If your child is enrolled in the Full Day Child Care Program for the 2025-2026 school year the registration fee is satisfied. Fees are paid monthly.**

I acknowledge that I have received and read the payment schedule for 2025-2026 After School Program. Payments are due the 20<sup>th</sup> of each month for the following month. See the detailed payment schedule for amounts due each month. I further acknowledge there will be a late fee for payments made after the 20<sup>th</sup> of each month. A late fee of \$25.00 per family will be applied for fees paid after the 20<sup>th</sup> of each month.

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

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

\_\_\_\_\_  
Date



## Full Day Child Care Program 2025-2026 School Year Payment Schedule Acknowledgement

| Full Day Care Offered<br>One Time Registration<br>Fee \$35/Per Child | Parent/Guardian<br>Initial below beside the days you are<br>absolutely sure your child will attend. | Amount Due | Due Dates         |
|--|---|------------|-------------------|
| September 19   |   | \$30.00    | Upon Registration |
| October 10   |   | \$30.00    | 9/15              |
| October 27   |   | \$30.00    | 9/15              |
| November 3   |   | \$30.00    | 10/15             |
| January 16   |   | \$30.00    | 12/15             |
| February 6   |   | \$30.00    | 1/15              |
| March 27   |   | \$30.00    | 2/15              |

A \$35 non-refundable registration fee is due upon registration along with any full days during the first month care is needed. If your child is enrolled in the After School Program for the 2025-2026 school year the registration fee is satisfied. Fees are paid monthly.

Your child will be registered for Full Day Child Care for all of the days that you initial beside for the 2025-2026 school year. **Put your initials only beside the days that you are absolutely sure your child will attend. By placing your initials this commits you to a spot and also makes you responsible for payment attended or not.**

### Full Day Child Care Schedule:

Ages: Kindergarten – 5<sup>th</sup> Grade

- Full Day Child Care Hours: 7:30AM – 6:00PM - Various Days (2025-2026 School Year)
- Registration in advance required: **Full Day Child Care must meet minimum enrollment requirements or will be canceled two weeks in advance of the program date.**
- \$30 per day/per child.
- Wear athletic shoes and bring a packed lunch.

This program follows the Clarke County Public School Calendar and is subject to change.

**Allow two week days (M-F) to process your registration.**

This program is subject to change based on staffing availability.

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

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

\_\_\_\_\_  
Date