



City of Manassas Park
Parks & Recreation Department
Preschool Registration Form
2018-2019

Office use ONLY

Allergies

Seniors (4 yr. olds)

Juniors (3 yr. olds)

Child's First Name: Child's Last Name: Age:

Home Phone Date of Birth: Sex:

Home Address:

Previous Daycare/ School Attended:

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Parents/Guardians

Parent/Guardian Name: Place Employed:

Home Phone: Business Phone: Cell Phone:

Home Address: Email Address:

Parent/Guardian Name: Place Employed:

Home Phone: Business Phone: Cell Phone:

Home Address: Email Address:

Emergency Information

Allergies or Intolerance to Food, Medication, Etc., and Action to Take in an Emergency

Child's Physician: Business Phone:

Two People To Contact if Parent(s)/Guardian(s) Cannot be Reached:

Note: These must be local contacts and it must be someone other than the parent(s) or guardian(s).

Emergency Contact #1 Name: Address:

Home Phone: Business Phone: Cell Phone:

Emergency Contact #2 Name: Address:

Home Phone: Business Phone: Cell Phone:

Person(s) Authorized To Pick Up Child:

Person(s) **NOT** Authorized To Pick Up Child*:

* Appropriate paperwork such as custody papers shall be attached if parent is not allowed to pick up 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 day or day care activities. 032-05-252/11 (06/05)

Child's Name:

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Agreements

1. The child day center agrees to notify the parent(s)/guardian(s) whenever their 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 reached immediately.**
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his/her child or any member of the 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.

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

Signatures

Parent/Guardian: Date:

**Office Use Only
Identity Verification**

Center Administrator Signature: Date:

Date Child Entered Care: Date Child Left Care:

Birth Certificate / Passport Number:

Place of Birth: Date of Birth: Date Issued:

Person Viewing Documentation: Date Documentation Viewed:

Other Form of Proof: Physical Immunization/ Religious Exempt

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 agency), 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 the 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 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.

032-05.252/11 (06/05)

Child's Name:

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Other information

My Child's swimming ability: Non- Swimmer Intermediate Swimmer Swimmer

Definitions: Non-Swimmer - cannot swim in water above the shoulders; Intermediate-can swim in the entire pool except for diving area/deep end; Swimmer - can access entire pool.

| | | | |
|-----------------------------------|--|-----------------------|--|
| Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any unusual fears | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medications | <input type="checkbox"/> Yes <input type="checkbox"/> No | Easily upset | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physically Aggressive | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dietary Restrictions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Withdrawn/Shy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical limitations/restrictions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hyperactive | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chronic conditions/illnesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain any "Yes" answers:

Agreements

The undersigned is aware that there are certain risks involved in participating in the Preschool Program including, but not limited to, the risk of theft or damage to my property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities, and to use the facilities of the City and/or other activities and services provided by City of Manassas Park Department of Parks and Recreation, its agents and employees, including food service. I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby covenant to hold harmless and indemnify the City and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Preschool Program. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. I hereby give my child/ward permission to go on field trips during this program. I understand that I will be informed in advance of any field trips. The Preschool Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parents/guardians authorize the staff to obtain immediate medical care if an emergency occurs when he/she cannot be reached immediately. If my child passes an intermediate or advanced swimming competency test administered by the pool staff, then he/she has my permission to swim in the deep and shallow end of the pool.

Parent/Guardian: Date:

I hereby give my permission without restriction to the City of Manassas Park and its assignees to photograph or videotape my child during participation in City of Manassas Park programs. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for City programs.

Parent/Guardian: Date:

I acknowledge and consent to my child's name and date of birth being used for the Preschool First Laboratory School Partnership Initiative, a collaborative effort between the Manassas Park Department of Parks and Recreation and The Source for Learning, Inc., a not-for-profit learning technologies company, to improve child assessment and professional development of staff.

Parent/Guardian: Date:

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Amount Paid: Date: Staff Signature:



Preschool Payment Agreement 2018-2019

Child's Full Name:

1. I agree to pay (see prices below) \$66.00 \$110.00 \$120.00 \$140.00 \$162.00 \$270.00 \$280.00 \$300.00 (check box that applies) per session. Sessions are in operation September thru May.

2. I understand that the tuition for each session is due on the first of the month. All accounts are considered delinquent if payments are received by close of business on that day. A late fee of \$25.00 will be added to your account.

3. After 3 consecutive late payments, or a consistent pattern of late payments, without prior notification, your late fee may be increased to \$50.00. In addition, you must attend a mandatory meeting to work out a payment agreement. If you do not attend the meeting, you will compromise your child's current and future enrollment status in our program.

4. There is a \$55.00 fee for all returned checks. After two returned checks, all future payments must be paid in cash, money order or credit card.

5. Children may not be dis-enrolled from the Preschool Program until all accounts have a zero balance.

6. I may withdraw my child from the program by providing two week's written notice to the Preschool Recreation Specialist. In the event that two weeks written notice is not given, a fee will be charged to my account in the amount of \$8.00 per day for the two weeks following withdraw.

Payment due dates are as follows:

First of the month

Payment amounts:

Seniors - (4 yr. olds)

All Access Members- \$168.00 per session
Members - \$270.00 per session
Resident- \$280.00 per session
Non-Resident- \$300.00 per session

Juniors - (3yr. olds)

All Access Members- \$72.00 per session
Members - \$110.00 per session
Resident- \$120.00 per session
Non- Resident- \$140.00 per session

Class Days and Times:

Seniors

Monday- Friday
8:30am- 12:00pm

Juniors

Monday/ Wednesday/ Friday
1:00pm- 3:00pm

Late Pick Up Information:

1) I understand that my child(ren)is/are to be picked up **NO LATER** than 12:00 pm for the Seniors program **or** 3:00 pm for the Juniors program; there will be no staff available after the noted times.

2) I understand that if I am a carpool driver and I am late, I am responsible for the fees occurred of the child(ren) that I am picking up.

3) I understand that late charges will be added to my next payment.

4) I understand that continual late pick up may result in the dismissal of my child(ren) from the program.

5) I understand the late pick up fees are as follows: \$5.00 for the first 10 minutes late; \$1.00 for each additional minute late or a fraction thereof.

Example: Up to 10 minutes late receives a \$5.00 charge; 15 minutes late receives a \$10.00 charge, etc.

Parent/Guardian Signature:

Date:

Signature below signifies that i have attended the annual orientation and am aware of the policies and procedures of the program. I have also received an electronic or printed copy of the manual.

Parent/Guardian Signature:

Date:

Office Use Only

The signature below certifies that the registration form is complete and all paperwork has been submitted.

Completed Registration Form

Birth Certificate Information

Physical w/ Immunization Records

Recreation Specialist Preschool:

Date: