

Email completed application to [tivanauskas@saintjamesschool.org](mailto:tivanauskas@saintjamesschool.org)**Saint James Catholic School - Extended Day Care****830est Broad Street****Falls Church, VA 22046****(703) 533-1182 Ext. 138**

|   |            |               |       |
|---|------------|---------------|-------|
| Last Name   | First Name | Date of Birth | Sex   |
| Address   |            |               |       |
| 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 | Email address | Business Phone |
| Home Address                                      |                |               | Home Phone     |
| Mother  | Place Employed | Email address | Business Phone |
| Home Address                                      |                |               | Home Phone     |
| Person(s) or Agency having legal custody of child |                |               |                |
| Home Address                                      |                |               | Home Phone     |
| Business Address                                  |                |               | Business Phone |

**Emergency Information**

|   |         |       |  |
|---|---------|-------|--|
| <b><u>Please list child(ren) allergies and action to take in an emergency:</u></b>        |         |       |  |
| <b><u>Intolerance to food, medications, etc., and action to take in an emergency:</u></b> |         |       |  |
| Child(ren) Physician  |         | Phone |  |
| Two people to contact if parent(s) cannot be reached                                      | Address | Phone |  |
| 1.  | 1.      | 1.    |  |
| 2.  | 2.      | 2.    |  |
| Person(s) Authorized to pick up child   |         |       |  |
| Person(s) <b><u>NOT</u></b> Authorized to pick up child*                                  |         |       |  |

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child  
(over)

### Agreements

1. The child daycare 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 daycare 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) will inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. Other: \_\_\_\_\_

### Signatures

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of Center

\_\_\_\_\_  
Date

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

Date Left Care: \_\_\_\_\_

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

I would like to have the student enrolled in the:

\_\_\_\_ Morning Program (Select all applicable days):    M    T    W    TH    F    ALL DAYS

\_\_\_\_ Afternoon Program (Select all applicable days, minimum of 2):    M    T    W    TH    F    ALL DAYS

\_\_\_\_ Morning & Afternoon Program

\_\_\_\_ Drop In

### Office Use Only - Identity Verification

If proof of identity is required and a copy of is not kept, please fill out the following:

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

Date of Notification of 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, midwife record), passport, copy of placement agreement or other proof of the child's identity from a child placement agency (foster care and adoption agencies), 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 a 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 of 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 the information must be maintained for each child. Children registered in Saint James Extended Day Program should have provided proof of identity at the time of school registration.

Registration Fee Received: \_\_\_\_\_

Payment Method: \_\_\_\_\_