

**Falls Church Recreation and Parks
Preschool Registration Information Emergency Form**

Participant Name:		
_____	_____	_____
First	Middle	Last
Nickname:	Age:	Gender:
Date of Birth:	Language Spoken at Home:	
Home Address:		
Primary Guardian:		Employer:
Primary Phone:		Employer Address:
Work Phone:		
Secondary Guardian:		Employer:
Primary Phone:		Employer Address:
Work Phone:		
Who does the child reside with? (check all that apply) <div style="text-align: center;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other </div>		
Who has legal custody? (check all that apply) <div style="text-align: center;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other </div>		Address of checked if different than home address:
Please list two local emergency contacts:		
Name:	Address:	Phone:
Name:	Address:	Phone:
Please list all persons authorized and not authorized to pick up your child other than the parent/guardian:		
Person(s) Authorized To Pick Up My Child:		
Person(s) <u>NOT</u> Authorized To Pick Up My Child*:		
Medical Information		
Child's Physician:		Physician's Phone Number:
Health Insurance Provider/Carrier:	Policy/Group/Employee Number:	HMO Number (if applicable):

*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 (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

Medical Information (continued)

Yes **No** Does your child have any medical condition that we need to be aware of such as allergies, intolerance to food, medications, recent operations or other pertinent information that we should know about? If yes, please specify and include a care plan with instructions from physician (if needed).

Yes **No** Will your child need medication during the program? If yes, please complete a medication authorization form.

Yes **No** Are there any fears or concerns that may easily upset your child? If yes, please specify.

Yes **No** Does your child require any special accommodations? If yes, please specify.

Additional Information

List previous child day care and schools attended.

Does your child currently attend programs at another location? If so, where?

Agreements

1. An employee of the Recreation and Parks Department has my permission, in an emergency when I cannot be reached, to take my child to the emergency room of the nearest hospital, or to call the rescue squad which may then take my child to the nearest hospital. The rescue squad and hospital medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. **
2. I understand that the Falls Church Recreation & Parks Department will notify me if my child becomes ill, and I, or an authorized emergency contact, will pick up my son/daughter ASAP, prior to the scheduled end time if requested by the center.
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.
4. I received, read and understand the Parent Handbook and agree to the policies stated. I understand that there may be risk inherent in any activity, and I acknowledge that I have been advised to seek advice of a medical doctor before my child participates in this program. I, and my child, assume all risks of illness and injury resulting from participation in the program noted above. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I, and my child, hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury resulting from my child's participation in this program.

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

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

FOR OFFICE USE ONLY

Date Received: _____ Start Date: _____ End Date: _____