

**LILY PAD  
CHILD REGISTRATION FORM**

|   |          |               |            |
|---|----------|---------------|------------|
| Child   | Nickname | Date of Birth | Sex        |
| Address   |          |               | 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                                      | Email Address  | Home Phone     |
| Mother  | Place Employed | Business Phone |
| Home Address                                      | Email Address  | Home Phone     |
| Person(s) or Agency Having Legal Custody of Child |                |                |
| Home Address                                      | Email Address  | Home Phone     |
| Business Address                                  |                | Business Phone |

**EMERGENCY INFORMATION**

|   |         |       |
|---|---------|-------|
| Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency <input type="checkbox"/> Use of Epipen |         |       |
| Child's 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) <u>NOT</u> 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.

**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 within one hour of being contacted.
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 and are responsible for payment of medical care expenses. \*\*
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. The parent(s)/guardian(s) authorize Lily Pad to use the carpeted hallway next to the center on inclement weather days, when the children cannot go outside, to run and play.

**SIGNATURES**

|                                 |             |
|---------------------------------|-------------|
| _____                           | _____       |
| <i>Parent(s) or Guardian(s)</i> | <i>Date</i> |
|                                 |             |
| _____                           | _____       |
| <i>Administrator of Center</i>  | <i>Date</i> |

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) or guardian(s) that states the objection and the reason for the objection.

Medial Insurance Information

Name/phone number of Policy Holder \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Group/Policy numbers \_\_\_\_\_  
Medicaid Coverage Number \_\_\_\_\_

Secondary Insurance Information

Name/phone number of Policy Holder \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
Group/Policy numbers \_\_\_\_\_

No insurance