

**NANSEMOND-SUFFOLK ACADEMY  
EXTENDED CARE, MORNING CARE, SUPERVISED STUDY  
REGISTRATION FORM**

*CHILDREN WILL BE DENIED ENTRANCE IF REGISTRATION FORMS ARE INCOMPLETE.*

Child	Nickname	Date of Birth	Sex
Address	City	State	Zip Home Phone
Chronic Physical Problems			
Previous Child Day Care Programs and Schools Attended			<u>Current Grade</u>

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

Father	Place Employed	Business Phone
Home Address	City State Zip	Cell Phone Home Phone
Mother	Place Employed	Business Phone
Home Address		Cell Phone Home Phone
Person(s) Having Legal Custody of Child		
Home Address	City State Zip	Home Phone Cell Phone Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, bee stings, etc, and Action to Take in an Emergency			
Any Recurring Condition	Asthma	Diabetes	Seizures
Medication Child is currently taking.	Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached	<u>Complete Address</u>	<u>on both</u>	Phone
1	1		1
2	2		2
Person(s) Authorized to Pick Up Child			
Person(s) NOT Authorized to Pick Up Child *			

AGREEMENTS

1. Extended Care 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.
2. The parent(s)/guardian(s) authorize Extended Care to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform the child day center within 24 hours or the next business day after his child or any member of the immediately 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. The parent(s)/guardian(s) give permission to use their child's photograph in any NSA publication.
5. The parent(s)/guardian(s) give permission for their child to participate in Extended Care transportation, games, and field trips.

SIGNATURES

\_\_\_\_\_  
*PARENT OR GUARDIAN*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*DIRECTOR OF EXTENDED DAY*

\_\_\_\_\_  
*DATE*

DATE CHILD ENTERED CARE 8/27/07 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.