

CHILD REGISTRATION FORM

STUDENT'S INFORMATION

Please be sure the information provided is accurate. Every space needs to be filled, if not applicable please write n/a. All information on this form will be kept confidential.

STUDENT'S INFORMATION

Child Name and Last name	Nickname	Date of Birth	Gender
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

PARENTS/GUARDIAN INFORMATION

Mother	Place Employed	Cell Phone
Home Address		Home phone
Father	Place Employed	Cell Phone
Home Address		Home phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Cell Phone
Business Address		Home phone



EMERGENCY CONTACTS: (other than parents/guardian)

Name First contact	Relationship	Cell Phone
Home Address		Home phone
Name second contact	Relationship	Cell Phone
Home Address		Home phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency	
Child's Physician	Phone
Person(s) Authorized to Pick Up Child	Cell-Phone number
Person(s) NOT 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. Michuchutren 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 Michuchutren to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

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.

** 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.

SIGNATURES

Parents(s) or Guardian(s)

Date

Administrator of Center

Date



Date Child Entered Care: _____

Date Left Care: _____

*****Please note that all information is kept confidential*****

ABOUT YOUR CHILD’S SPANISH EXPOSURE

Please describe previous Spanish language exposure
Language(s) spoken at home
How did you hear about Mi Chu Chu Tren?



Waiver & Release

I understand that Mi chu chu tren shares my concern about the safety of my child and teachers and staff will do all in their power to keep my child safe. However, I understand that Mi chu chu tren does not accept responsibility for injuries, damages or loss which my child may suffer while participating in Mi chu chu tren programs. Accordingly, I agree to assume the full risk of any physical injuries, damages or loss, regardless of severity, which I or my child may sustain because of participating in all activities connected with or associated with any Mi chu chu tren program. On behalf of myself, my spouse and my child, I hereby waive, relinquish, fully release and discharge, and further agree to indemnify, hold harmless and defend Mi chu chu tren, its owners, directors, officers, agents, servants, employees and landlords against any and all rights, claims, causes of action and liabilities of any sort that I or my child may have now or in the future, including but not limited to, any claims for personal injuries, medical expenses, property damage, or losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of any Mi chu chu tren program.

Permission to Secure Treatment: In the event of emergency, I authorize Mi chu chu tren officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child's immediate care, and agree that I will be responsible for payment of all medical services required.

Use of Photographic Images and video: All participants agree that any photography or video taken while participating in a class, special event or use of a facility may be used for promotional purposes for Mi chu chu tren printed or online. No image will be identified with the name of the child.

I authorize Mi Chu Chu Tren to add my email to their Subscribe mailing list. Information about the program, calendar, events and articles about bilinguism, spanish tips, class registration, promotions will be sent during the year.

Thank you very much

(Parent / Guardian Signature)

(Date)



Parent Statement of Handbook Acknowledgement/Preschool Policies

I have received a copy of Michuchutren’s Handbook. I understand that it provides guidelines and summary information about our preschool policies and procedures at Michuchutren Programs. I also understand it is my responsibility to read, understand, become more familiar with and comply with the guidelines established by Michuchutren. I further understand that Michuchutren reserves the right to modify, supplement, or revise any provision or policy, with or without notice, as it deems necessary or appropriate.

Please sign below:

I, _____, parent of
_____, have read the Michuchutren Handbook and understand all the policies and procedures detailed in it. If I did not understand part of Michuchutren’s Handbook, I have asked the director and clarified the matter. I now stand in full knowledge of the policies and procedures outlined in the Michuchutren’s Handbook.

Signature Parent or Guardian

Date



ENROLLMENT CHECKLIST

- Bring A copy of your child's Birth Certificate (or other official proof of birth date)
- A copy of your child's up-to-date Immunization Record
(Your child cannot start preschool unless all immunizations for their age are complete.)
- Read the "Michuchutren's Handbook 2017-2018"

Please fully complete the following forms:

- Complete and sign Student's registration Form
- Complete and sign Waiver and Release form
- Complete and sign statement of Handbook Acknowledgment
- Physician's Report Form (LIC 701 Form Attached) Every preschooler must have proof of a physical examination completed within the year prior to starting preschool. You fill out the top portion and your child's doctor completes the bottom section.

