



Child Care Registration Cover Sheet

Child
Photo
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THIS PAGE TO BE COMPLETED BY STAFF

Child's Name _____ Date _____

Start Date _____

Date of Birth _____

Attendance Status – Check all that apply

- ☐ Full -time (4-5 days weekly)
- ☐ Part-time (3 days weekly)
- ☐ Before and After School care

Tuition Information

Weekly Tuition Amount: _____

Method of Payment: _____

Registration Checklist

The following documents must accompany this registration form. Please check off each item as it is provided and request any missing documents from parents. Participants MAY NOT begin care until each item is received and/or documented.

Registration Fee _____

Birth Certificate _____

Immunization _____

Physical _____

Media Release _____

Children of Valour Christian Academy

Student Registration Form

Admin only: Check if Rec'd/Viewed

Registration fee ____

Birth Certificate ____

Health Records ____

Media Release ____

Child's Information

Child's Full Name			Nickname:	
Address:				
City:	State	Zip	Phone Number:	
School:		Grade Entering:	Age:	Date of Birth:
Other Schools/ Programs Concurrently Attending:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Schools and Child Care Centers Previously Attended:				

Parent/Guardian Information:

Parent/Guardian 1 Name:			Cell Phone:	
Address (if different from child):			Email Address:	
City:	State:	Zip:	Home Phone:	
Place of Employment:			Work Phone:	
Parent/Guardian 2 Name:			Cell Phone:	
Address (if different from child):			Email Address:	
City:	State:	City:	Home Phone:	
Place of Employment:			Work Phone:	

Emergency Contact Information (Must have 2 in addition to Parent/Guardian)

Emergency Contact 1 Name:			Cell Phone:	
Address:				
City:	State:	Zip:	Home Phone:	
Parent/Guardian 2 Name:			Cell Phone:	
Address:				
City:	State:	City:	Home Phone:	

Individuals Not Authorized to Pick up Child (Individual cannot be a birth parent UNLESS legal documentation)

Medical Information (if your child also takes medication, please fill out the authorization form)

Doctor's Name:	Phone Number:
Any special needs medical conditions, birth marks, and intolerants to food, medicine substances, and/or allergies that we should be aware of?	
What are the symptoms and actions to take if any?	
Please list any long term medications your child is currently taking:	

COVA Agreement: Parent Signature: _____ Date: _____

- In case of emergency, the COVA has my permission to call my family physician or another physician when family physician or I cannot be reached. The staff is authorized to administer first aid or emergency care or to take my child to the emergency room of the nearest hospital, and its medical staff has my permission to provide treatment, which a physician deems necessary for the well being of my child(ren).
- The parent or guardian will be responsible for picking up an ill or uncontrollable child immediately upon notification from the staff.
- The parent(s)/guardians agree to inform the center within 24 hours or the next business day after their 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.

Financial Agreement: Parent Signature: _____ Date: _____

- I understand that tuition is due Friday for the following week and I will be subject to a late fee if paid late
- I understand that my tuition is not prorated for any reason
- I understand that I must give a minimum of 2 weeks' written notice to withdraw my child from the program
- I understand that if my child is withdrawn from the program for behavior, I will not receive a refund
- I understand that my child care services will be suspended for failure to pay tuition

I have read, completed and understand the child care registration from and Parent Packet. I have received the Parent Information and I am aware that all program policies will apply as stated therein. I also realize that upon picking up my child from this program, I may be asked to show a picture I.D. for verification.

Child Identity Verification (Admin only):

Form of Identity Verification:		
Document Number:	Date Viewed:	
Child's DOB:	Viewed By:	
Start Date:	Withdraw Date:	Signature: