



Enrollment Date: _____

Withdrawal Date: _____

STUDENT ENROLLMENT FORM

ADS 1 (TODDLERS - PRE-K)
917 Princess Street
Alexandria, Va 22314
TEL: 703-837-0237

ADS 2 (Infants)
501 N. Henry Street
Alexandria, VA 22314
TEL: 703-837-0238

ADS 3 (TODDLERS - PRE-K)
1108 Oronoco Street
Alexandria, VA 22314
TEL: 703-837-0099

MAILING ADDRESS:
P.O. BOX 26384
Alexandria, VA 22313
FAX: 703-842-8851

CHILD

Last Name:	Group:
First Name:	<input type="radio"/> Infant
Nickname:	<input type="radio"/> Toddler
Date of Birth:	<input type="radio"/> Preschool
Male/Female	

PARENT(S)/GUARDIAN(S)

PARENT 1 INFORMATION

PARENT 2 INFORMATION

Name:	Name:
Date of Birth:	Date of Birth:
Home Address:	Home Address:
City/State: Zip Code:	City/State: Zip Code:
Place of Employment:	Place of Employment:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email address:	Email address:

PERSON(s) OR AGENCY HAVING LEGAL CUSTODY of CHILD (IF APPLICABLE):

Name(s):	
Home Address:	Home Phone:
Business Address:	Business Phone:

MEDICAL INFORMATION

Child's Physician:	Child's Dentist:
Phone:	Phone:
List Allergies or Intolerance to Food, Medication, or other Substances	

Action to take in an emergency:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

(Please Note : This authorization must be *NOTARIZED*)

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.**

Signature of Parent/Guardian _____ Date: _____

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public: _____ My Commission Expires: _____

EMERGENCY CONTACTS AND/OR AUTHORIZED PERSON'S FOR PICK UP (full addresses required/1 must be a local contact)

Emergency Contact #1 Name:	Relationship to child:
Address:	Phone:
Emergency Contact #2 Name:	Relationship to child:
Address:	Phone:

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 child enrolled in a public school or day care center must be included, upon request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

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



POLICY AGREEMENTS *(Please read each policy and initial)*

- ___ 1. The parent(s)/guardian(s) agree to release a child to a staff member and will not leave a child on school grounds without supervision.
- ___ 2. The parent(s)/guardian(s) agree to provide American Day School written notification authorizing release of child to someone other than parent or guardian.
- ___ 3. The parent(s)/guardian(s) agree that American Day School will release a child to either parent unless a court order indicating sole custody is provided to American Day School.
- ___ 4. The parent(s)/guardian(s) agree to provide the center with at least 2 persons authorized to pick up a child other than a parent/guardian.
- ___ 5. American Day School 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 from school as soon as possible if so requested by the center.
- ___ 6. The parent(s)/guardian(s) 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.
- ___ 7. The parent(s)/guardian(s) agree to keep child home if they have any illness that threatens the health of other children and staff. Furthermore it is agreed that Health Department regulations concerning periods of infection and/or quarantine will be enforced. It is agreed that child must be fever and symptom free for 24 hours without the use of fever/pain reducing medication before returning to school.
- ___ 8. The parent(s)/guardian(s) agree American Day School will not administer medication without written permission from parent(s)/guardian(s).
- ___ 9. I acknowledge that I have received and read American Day School's Shaken Baby Syndrome/Abusive Head Trauma policy.
- ___ 10. The parent(s)/guardian(s) agree to complete and return all required enrollment forms before the child's first day of attendance.
- ___ 11. The parent(s)/guardian(s) agree to support and reinforce the center's policies and procedures.
- ___ 12. The parent(s)/guardian(s) understand that childcare services may be terminated for any of the following reasons:
 - ➡ Failure to fulfill tuition payment agreement for more than two weeks.
 - ➡ Failure to respond in a timely manner when contacted by the center to pick up a child when they are ill.
 - ➡ Failure to adhere to illness policies.
 - ➡ Failure to provide center with up-to-date emergency contact information.
 - ➡ Failure to follow through with school recommendations when child presents developmental needs or behavior challenges. This includes failure to attend parent conferences and/or secure the advice of medical or educational specialists.
 - ➡ Child's behavior threatens their own health and safety or threatens the health and safety of other children and staff.
 - ➡ Parent(s)/Guardian(s) are no longer supportive of American Day School's program, philosophy, and policies and/or become negative and uncooperative in their actions and opinion which may undermine the operation of the school.

FINANCIAL AGREEMENT

I _____ (*print name*), the parent/guardian of _____ (*child's name*) agree to pay my child's tuition no later than Monday of the current week if tuition is paid on a weekly basis, or on the first business day of every month if tuition is paid on a monthly basis. I understand a late fee will be charged if account is not paid on time. In the event my child's tuition account becomes two weeks in arrears, I understand that my child care services at American Day School will be terminated. I understand that if my child is not picked up by the center's closing time, I will incur a charge of \$20.00 for any part of the first 15 minutes and \$1.00 per minute after 6:15pm. I agree to pay all costs and expenses including, without limitation, court costs and expenses and reasonable attorney fees incurred by American Day School in connection with the collection of tuition and enforcement of this agreement.

Parent/Guardian Signature _____
Date

HOLD HARMLESS AGREEMENT

I _____ (*print name*), the parent/guardian of _____ (*child's name*) agree to release and hold harmless American Day School and its employees, from any accident or harm that may occur should I retain the services of any American Day School employee for the care of my child(ren) outside the child care center. I understand that American Day School does not condone or encourage its employees to babysit outside of the child care center for parents of children enrolled. If I retain the services of any American Day School employee in such capacity, American Day School has no responsibility and is held harmless from any incident which may occur.

Parent/Guardian Signature _____
Date

PARENT HANDBOOK ACKNOWLEDGEMENT

I have received and read the policies contained in American Day School's Parent Handbook and understand their application to me and my child
(Signature by all active parents is required)

Parent #1 Signature: _____ **Date:** _____
Parent #2 Signature: _____ **Date:** _____
Director Signature: _____ **Date:** _____



CHILD PROFILE

IDENTITY VERIFICATION - OFFICE USE ONLY

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies).

Place of Birth: _____	Birth Date: _____
Birth Certificate Number: _____	Date Issued: _____
Other Form of Proof: _____	
Viewed by: _____	Date Viewed: _____

FAMILY INFORMATION

Mother's Occupation: _____ Father's Occupation: _____

Family members living at home: (brothers, sisters, grandparents, au pair, etc.)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

SCHOOLING INFORMATION

Does your child have chronic physical conditions and/or pertinent developmental information or learning need?

Are special accommodations needed?*: _____
**If special accommodations are needed, a current copy of the child's IEP or ISP is required.*

List previous child day care programs and/or schools attended

Name	City/Town	State	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

If child will attend this center and another school/program concurrently, give name of school/program and grade

Name	Grade or Class Level
_____	_____

What are your child's strengths/gifts? _____

What are your child's challenges? _____

What frustrates your child? _____

Do you have specific goals for your child this year? _____

What are your child's favorite activities?

SPEECH (circle all that apply)

Describe your child's speech:	Talkative	Seldom talks	Talks only during play
Currently in speech therapy	Uses few words	Large vocabulary	Speech is clear and understandable

TOILETING (for children ages 3+)

Is your child fully* toilet trained? _____ Yes _____ No

*Child wears underwear, remains dry during nap time and independently manages all aspects fo toileting

SLEEP PATTERNS

What time does your child go to bed? _____	Time they wake up? _____
Do they use a comfort toy at bedtime? _____	Mood upon awakening: _____

Does your child take naps? _____

Typical length of nap: _____