Grasshopper Green & Kenwood Schools

4955 Sunset Lane Annandale, VA 22003
703-256-4711, fax: 703-256-0659 office@grasshoppergreen.com

APPLICATION FOR REGISTRATION

Please complete **ALL** fields.

CHILD'S INFORMATION

CHILD'S FULL NAME	NICKNAME	SEX	DATE OF BIRTH (M/D/YEAR)
CHILD'S (FULL MAILING) HOME ADDRESS			SOCIAL SECURITY NUMBER
HOME PHONE NUMBER ( )	CHRONIC PHYSICAL PROBLEMS / PERTINENT DEVELOPMENTAL INFORMATION / SPECIAL ACCOMMODATIONS NEEDED:		

Previous Child Day Care programs and Schools Attended and How Long?

If child attends this center and ANOTHER School Program, give name of school: _____

SCHOOL PHONE NUMBER: ( ) GRADE: TEACHER:

PARENT / GUARDIAN INFORMATION

FATHER'S FULL NAME		EMPLOYER AND OCCUPATION	
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		FULL BUSINESS MAILING ADDRESS	
FATHER'S SOCIAL SECURITY NUMBER	FATHER'S HOME PHONE NUMBER ( )	FATHER'S CELL PHONE NUMBER ( )	FATHER'S WORK PHONE NUMBER ( )
MOTHER'S FULL NAME		EMPLOYER AND OCCUPATION	
MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S)		FULL BUSINESS MAILING ADDRESS	
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S HOME PHONE NUMBER ( )	MOTHER'S CELL PHONE NUMBER ( )	MOTHER'S WORK PHONE NUMBER ( )
MOTHER'S EMAIL ADDRESS		FATHER'S EMAIL ADDRESS	

*Person(s) or Agency having LEGAL custody of Child:

I LIVE WITH ☐ MOM AND DAD ☐ MOM ☐ DAD ☐ OTHER:

EMERGENCY INFORMATION

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC. AND ACTION TO TAKE IN AN EMERGENCY:

PHYSICIAN'S NAME — PHONE NUMBER ( )

NAME OF A LOCAL RELATIVE, FREND, OR OTHERWISE RESPONSIBLE PERSON TO CONTACT IF PARENTS CANNOT BE REACHED: THESE INDIVIDUALS ARE ALSO AUTHORIZED TO PICK-UP THE CHILD, IF THE PARENT IS UNABLE TO BE CONTACTED.

1. NAME			2. NAME		
RELATIONSHIP	HOME PHONE		RELATIONSHIP	HOME PHONE	
HOME STREET ADDRESS			HOME STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
WORK PHONE	CELL PHONE		WORK PHONE	CELL PHONE	

PERSONS AUTHORIZED TO PICK UP CHILD

*PERSONS **NOT** AUTHORIZED TO PICK UP CHILD

*Appropriate paperwork such as a divorce decree **must** be attached if a parent is not allowed to pick up the child.

OFFICE USE ONLY (IDENTITY VERIFICATION)

DATE ADMITTED	DATE OF WITHDRAWAL	REGISTRATION FEE	CLASS
CHILD BIRTH CERTIFICATE NUMBER	BIRTH DATE	PLACE OF BIRTH	DATE ISSUED

OTHER FORMS OF PROOF

____Proof of child's Identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented.

____Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Verification viewed on _____ *and documented by* _____ *on behalf of Grasshopper Green and Kenwood Schools.*

Date *School Representative*

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1. **Health Policy**. Our goal is a school full of healthy children. We come close to achieving this goal if parents and staff work together. Our staff members practice and teach good health habits, such as hand washing before meals and after toileting. We ask that parents do their part by keeping ill children out of school. We know unplanned absences from work mean hardships for many parents. We recommend that you have a relative, baby-sitter, or friend lined up for back-up care when your child is ill.

2. Several of our staff members have training to screen children for signs and symptoms of communicable diseases. Screening is done in the morning as the children arrive, as part of our normal greeting procedure. If a child has a temperature of 100° or higher, diarrhea, vomiting, or other signs of communicable illness at school, we will make the child comfortable, separate him/her from the other children, and call the parent to pick up the child as soon as possible.

3. Parents agree to inform Grasshopper Green and Kenwood School staff if a member of their immediate household has developed any reportable communicable disease, as defined by the State Board of Health, within 24 hours. Any life threatening diseases must be reported immediately.

4. **Tuition.** Parents agree to pay the tuition set forth in the annual registration letter and any subsequent modification thereto; such as registration letter and modification are hereby incorporated (by reference) into this agreement. A $15.00 delinquent fee will be due if, Kenwood's monthly payment is made after the fifth day of the month, and/or Grasshopper Green's weekly payment is not received by the end of business Wednesday. The parent(s) agree to pay court costs and 25% attorney's fees in the event of default payment pursuant to the above terms. It is also agreed that parent(s) shall be entitles to no deduction for absences of students from school for any reason. Parent(s) agree that by paying non-refundable registration fees, they are enrolling their child in Grasshopper Green for the current or an upcoming session.

5. **Notice of Withdrawal**. Parent(s) agrees to give at least two weeks written notice to the school before withdrawing student from school.

6. **Notice of Expulsion**. In the event it becomes necessary to expel or suspend a child because of disciplinary problems, unresolved differences with a parent, or non-payment of fees, the Director may give notice of expulsion immediately.

7. **Use of Pictures**. Parent(s) hereby gives permission for use of picture(s) or video/audio recording of child participating in school activities for school publicity purposes.

8. **Duty of Care**. The school shall exercise reasonable care in the supervision, education, and welfare of the student during the period the student is in its custody. In a medical emergency, the school shall attempt to contact the parent(s) and personal physician as soon as possible, but it shall be free and hereby authorized to secure the most available medical assistance, consonant with what appears to be in the best interest of the student at the time of the emergency.

9. **Field Trips.** I/we give my/our permission for Grasshopper Green and Kenwood Schools to transport my/our child/children to and from field trip destinations. I/we understand that I/we will have at least 24 hours notice and have the option of making other childcare arrangements for field trip days in I/we so choose.

NATIONALITY	RELIGION
WHO REFERRED YOU TO THIS CENTER?	HOW DID YOU HEAR ABOUT US?
OTHER CHILDREN IN FAMILY AND AGES	
ENTRANCE DATE INTO GRASSHOPPER GREEN / KENWOOD SCHOOL	CHILD'S HOURS

By signing below, I hereby acknowledge that I/we have received, read, and understand the Grasshopper Green and Kenwood School Handbook and agree to all terms stated above. This Agreement shall be in effect for as long as my child is enrolled at Grasshopper Green and Kenwood Schools.

Mother / Legal Guardian	Date	Father / Legal Guardian	Date

Director	Date

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CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Name of Child_____ Birthdate_____
Name of Parent(s) or Guardian_____
Home Address_____
Phone_____ Mother Cell Phone _____Father Cell Phone _____
Place of Mother's Employment_____Phone_____
Address_____
Place of Father's Employment_____Phone_____
Address_____

The parent(s)/guardian authorizes_____
(Name of Licensed Provider)
to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations that are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/We will be responsible for payment of medical care expenses. _____
2. Medical treatment costs are covered by:
   a. Blue Cross/Blue Shield Policy Number_____
   b. Medicaid Coverage Number_____
   c. Other Medical insurance ☐ _____
      Name of Insurance Company_____
      Policy Number_____
      No Insurance ☐ _____

Child's Physician or clinic attended_____

Child's Allergies (if any)_____
Child's Doctor_____Phone_____
Family Doctor_____Phone_____
Medicines child is taking_____
Last Tetanus Shot_____
Outstanding Medical History (i.e., Diabetes, Heart Disease, etc.) _____
_____
_____

Date_____ _____
(Signature of Parent(s)/Guardian)

This form is to be kept by the licensed care provider and is to be taken to the doctor or treatment facility in case of emergency.