

SEVEN CORNER CHILDREN'S CENTER
6129 Willston Drive
Falls Church, VA 22044
Phone: (703)532-4262 Fax : (703)532-7060

- THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-III-60.
- THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- INDICATED "N/A" IF THE INFORMATION IS NO APPLICABLE.

Child's Full Name	Nickname	Date of Birth	Sex
Address		Home Phone	Cell phone
If Child Attends previous center and/or Another School/Program, Give Name of School/Program			

PARENT(S) / GUARDIAN(S)

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

EMERGENCY INFORMATION

Chronic Physical Problems/Pertinent Developmental information/ Special Accommodations Needed; Special Instructions to Provider			
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency situation.			
Child's Physician	Office Address (Street Address)		Phone
Name of Child's Medical Insurance		Policy Number	
Two Emergency Contact if parent(s) Cannot be Reach	Relationship	Address	Phone
1.			
2.			
Person(s) Authorized To Pick Up Child			
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.

1st year review	_____	_____	_____
	Parent Name	Parent signature	Date
2nd year review	_____	_____	_____
	Parent Name	Parent signature	Date
3rd year review	_____	_____	_____
	Parent Name	Parent signature	Date

EMERGENCY MEDICAL AUTHORIZATION

I authorize **Seven Corners Children's Center** To Obtain immediate care and consent to emergency medical procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and cannot be located immediately.

Name of Child

It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

Name of Parent

Signature of Parent

Date

The child's emergency information and the emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.

1. Seven Corners Children's Center agrees to notify the parent(s) whenever the child becomes ill and the arrange 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) 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 difined by the State Board of Health, except for life threatening diseases wich must be reported immediately.

SIGNATURES

Mary Ellen Ward

Parent(s)/guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____

Date Left Care: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained fro the parent(s) or guardia(s) that states the objection and the reason for the objection.

OFFICE USE ONLY

IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local law-Enforcement Agency (when required proof of identity is not provided): _____

Date

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), record from a public school in Virginia, Certification by a principle or his designee of a public school or his designee of a public school that a certified copy of the child's birth record was previously presented or copy or the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. 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) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing the information must be maintained for each child.

Section 63.2-1808 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to such documents by (i) shredding, (ii)erasing, or (iii)otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

PERMISSION TO USE PHOTOGRAPHS

The Center take photographs of our students engaged in various activities while at the center throughout the school year. For legal reasons, we need your permission to use these photographs on the school webpage, promotional materials, face book and other social media for the center. It is understood that this form can be revoked by written request. Please circle the options below.

I DO / I do NOT give permission to use photographs of my child on the school web site.

I DO / I do NOT give permission to use photographs of my child on the school's Face book page and other social media.

I DO / I do NOT give permission to use photographs of my child on promotional materials.