

MILLWOOD

SCHOOL

SUMMER PROGRAM REGISTRATION 2010

Please complete one form per child.

Student's Full Name	Nickname	Date of Birth	Sex
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Program and Another School/Program, Give Name of School/Program			Grade (Fall '10)

PARENT(S)/GUARDIANS

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

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached	Address	Phone
1.		
2.	Address	Phone
Person(s) Authorized to Pick Up Child		
Home Address		Home Phone
Business Address		Business Phone

- Appropriate papers 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 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. The child day care center 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 the child day care center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
3. 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 defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signatures

Parent(s) or Guardian(s)

Date

Summer Programs Director

Date

First Day of Care: _____

Last Day of Care: _____

**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.

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 No.	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 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 or copy of 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 this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day care 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 destroy such documents by (i) shredding, (ii) erasing, (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

CURRENT MILLWOOD SCHOOL STUDENT? YES / NO

IF "NO," PLEASE SUBMIT A COPY OF THE STUDENT'S MOST RECENT PHYSICAL EXAMINATION AND IMMUNIZATION RECORD WITH REGISTRATION FORM.



COURSE SELECTION FORM

DATES:

Session I: June 21-25
 Session II: July 28-July 2
 Session III: July 6-9 (Tue.-Fri.)
 Session IV: July 12-16
 Session V: July 19-23
 Session VI: July 26-30

TUITION:

Half Day: \$145 per session*
 Full Day: \$195 per session*
 AM Care: \$20 per session
 PM Care: \$25 per session
 (*Some classes have additional fees. Tuition for Session III is \$115 for half day and \$155 for full day.)

DAYS AND HOURS:

Monday-Friday
 AM Care: 7:30 a.m. - 9:00 a.m.
 Half Day: 9:00 a.m. - 12:00 p.m.
 Full Day: 9:00 a.m. - 4:00 p.m.
 PM Care: 4:00 p.m.- 6:00 p.m.

DAILY SCHEDULE:

9:00 a.m. – 12:00 p.m. Morning Course of Your Choice
 12:00 p.m. – 12:30 p.m. Lunch
 12:30 p.m. – 4:00 p.m. Afternoon Activities

STUDENT'S NAME:**GRADE ENTERING:****SEX:**

	Course Fee	Full or Half Day	AM Care (Y or N)	PM Care (Y or N)	Cost
Session I					\$
Session II					\$
Session III					\$
Session IV					\$
Session V					\$
Session VI					\$
Total=					\$

How did you hear about Millwood School Summer Programs?

In the space below, please provide us with your email address so we can send you a confirmation email.