



All Saints' Day School

1969 Woodside Lane
Virginia Beach, VA 23454
757 481-0577 ext. 2

Learning Through Play Since 1969

Child Information Sheet

General Information

Child's name : _____

Name child prefers to be called: _____

Address: _____

Preferred e-mail address: _____

May we include you on our school-wide E-mail list? Yes No

Best daytime contact number: _____

Mother's name: _____

Mother's address: _____

Home phone: _____ Cell phone: _____

Father's name: _____

Father's address (if different from above): _____

Home phone (If different from above): _____ Cell phone: _____

Siblings and children living within the home:

Name(s)

Age(s)

_____	_____
_____	_____
_____	_____

Photography Permission

My child, _____ does/does not have my permission to have his/her photograph used on our website, newsletter, or in publications such as the local newspaper.

Parent's Signature

Date

Medical Information

Please list any allergies your child may have and their reactions.

Please list any medical conditions your child has and anything we should know about these conditions.

Emergency Information

In case of an emergency when the child's parent(s) cannot be reached, the school should contact:

1) Name: _____

Relationship to the child: _____

What the child calls this person: _____

Phone number: _____

2) Name: _____

Relationship to the child: _____

What the child calls this person: _____

Phone number: _____

Child's physician: _____

Phone number: _____

Child's dentist: _____

Phone number: _____

***IN AN EMERGENCY, THE STAFF AT ALL SAINTS' DAY SCHOOL
HAS PERMISSION TO SECURE THE
NECESSARY AID AND TRANSPORTATION FOR THE
PRESERVATION OF YOUR CHILD'S HEALTH.***

Parent's Signature

Date

Individuals Authorized To Pick Up My Child:

Please know that unless you have notified us, we cannot release your child to anyone other than the parent.

Name: _____

Relationship to child: _____

What does your child call this person? _____

Phone Number: _____

Name: _____

Relationship to child: _____

What does your child call this person? _____

Phone Number: _____

Name: _____

Relationship to child: _____

What does your child call this person? _____

Phone Number: _____

Virginia Code Requirement:

The 1998 General Assembly passed legislation adding Section 63.1-196.002 to the Code of Virginia, effective July 1, 1998. The purpose of this section is to help identify missing children through regulated child day programs:

Upon enrollment of a child in a regulated child day program, such child day program shall require information from the person enrolling the child regarding previous child day care and schools attended by the child. The regulated child day program shall also require that the person enrolling the child present the regulated child day program with the child's proof of identity and age.

Date: _____

My child, _____ has NOT previously attended a regulated day program:

OR

My child, _____ has attended the following regulated day programs:

Facility's Name

City/State

Parent's Signature: _____



Checklist of Required Documentation
for Enrollment at

All Saints' Day School

Learning Through Play Since 1969

- Completed Registration Form/Applicable Fees Paid
- Verification of Birth Certificate
- Student Information Sheets
- A Physician-signed current School Entrance Health Form (MCH 213 G reviewed 3/20/2014)
Immunization record may be printed from official on-line record such as My Chart™
- Physician-signed Allergy Documentation