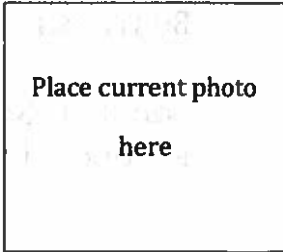


Rollingwood Academy  
1752 Prodan Lane  
Virginia Beach, Virginia 23453  
(757) 430-8244  
[www.rollingwoodacademy.com](http://www.rollingwoodacademy.com)  
Registration Form



Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last, First Middle

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Preferred Email \_\_\_\_\_

Phone Number	Birth Date
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**Parent(s)/Guardian(s)**

Father's Name \_\_\_\_\_  
Last, First Middle Social Security Number

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last, First Middle Social Security Number

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_

Please list persons authorized to pick up your child

\_\_\_\_\_

Please list persons NOT authorized to pick up your child \*

\_\_\_\_\_

Other members of the family living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Emergency Information

Chronic physical problems, allergies, or intolerances - symptoms and action to be taken: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Two people to contact if parents cannot be reached:

1. \_\_\_\_\_

Name	Address	Phone/Cell
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2. \_\_\_\_\_

Name	Address	Phone/Cell
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### Developmental History

\*Has your child had any previous school or group play experience?

\_\_\_\_\_

\*Does your child nap? \_\_\_\_\_

\*Is your child toilet trained? \_\_\_\_\_

\*What time does your child go to bed? \_\_\_\_\_

\*Are there any dietary restrictions? \_\_\_\_\_

\*What are your child's favorite outdoor activities? \_\_\_\_\_

\*What are your child's favorite indoor activities? \_\_\_\_\_

\*Does your child have any speech problems? \_\_\_\_\_

\*Does your child have a security item? \_\_\_\_\_

\*Is your child on any medication? \_\_\_\_\_

\*What method of discipline do you use at home? \_\_\_\_\_

\*How would you best describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

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## Agreements

1. The child day center agrees to notify parent(s)/guardian(s) whenever the child becomes ill and 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 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.
4. Registration is non-refundable.
5. By signing below, the parent(s) agree to the policies explained in the Parent Handbook.

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*Parent/Guardian*

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*Date*

---

*Parent/Guardian*

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*Date*

\*Appropriate paperwork, such as custody paperwork, 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.

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