Old Dominion University
Child Development and Child Study Center
Child Registration Form

Child's Name	Nickname	Date of Birth	Sex
Street Address	City, State	Zip	Home Phone
Previous Preschool/Child Care Programs Attended/ Other Programs Currently Attending		e-mail address(es):	
Health Concerns/Special Needs			

☐ I do not want to be included in the CDC/CSC directory.

Parent/Guardian Information

Father/Guardian	Place of Employment		Business Phone
Home Address	City, State	Zip	Home Phone and Cell Phone
Mother/Guardian	Place of Employment		Business Phone
Home Address	City, State	Zip	Home Phone and Cell Phone

Emergency Information

Child's Physician		Phone
Allergies/ Health Concerns and Action To Take in an Emergency		
Emergency Contacts (if Parents/Guardians cannot be reached) 1.	Address	Phone
2.	Address	Phone
Person(s) Authorized to Pick Up Child		
Person(s) **NOT** Authorized to Pick Up Child*		

*****Appropriate paperwork shall be attached if a parent is not allowed to pick up the child.
*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 licensed child care center must be included, upon the request of such noncustodial parent, as emergency contact for events occurring during school activities.

(over)

Agreements

Initial	1. The Child Development/Child Study Center agrees to notify me whenever my child becomes ill and I will arrange to have the child picked up as soon as possible.
Initial	2. I authorize the Child Development/Child Study Center to obtain immediate medical care if an emergency occurs and I cannot be located immediately. I will not hold ODU or the Child Development/Child Study Center financially responsible for the emergency care or transportation of my child.
Initial	3. I agree to inform the Child Development/Child Study Center within 24 hours or the next business after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the Virginia Board of Health, except for life threatening diseases which must be reported immediately.

Signature of Parent/Guardian_____

Date_____

OFFICE USE ONLY

Signature of Director_____

Date Child Entered Care_____ Date Left Care_____

Identity Verification

Place of Birth	**Birth Date**	**Birth Certificate Number**	**Date Issued**
Other Form or Proof	**Date Documentation Viewed**	**Person Viewing Documentation**	

Date of Notification of Local Law-Enforcement Agency (when required proof is not provided).

Date: **Notified by:**

Proof of child's identity and age many include a certified copy of the child's birth certificate, birth registration card, passport of other proof of child's identity from a child placement agency. While programs are not required to keep the proof of a child's identity, documentation of viewing of this information must be maintained for each child.