
# 2022 ENROLLMENT AGREEMENT

# VICTORY KIDZ CARE
# VICTORY CHURCH

**2870 Middle Road Winchester, VA 22601**
**Phone: 540-667-9400 ext.125 / Fax: 540-667-9604**
**vkc@victorywinchester.com**

## 2022 ENROLLMENT AGREEMENT

**Age on 1/4/2022_____**

Full Name of **Child**_____

Name Child is **Called**_____

Birth Date_____/_____/_____ Male_____ Female_____

Full Name of **Mother**_____

Mailing Address_____

City _____ ST_____ ZIP_____

Home Phone (___)_____ Business Phone (___)_____ Cell # _____

Email _____

Place of Business_____

Full Name of **Father**_____

Mailing Address_____

City _____ ST_____ ZIP_____

Home Phone (___)_____ Business Phone (___)_____ Cell # _____

Email_____

Place of Business_____

**EMERGENCY NAMES AND PHONE NUMBERS:**

Child's Physician_____ Phone (_____)_____

Names and Phone Numbers of persons, other than parents, to whom we may release your child:

Please list a local person (Winchester area) and their relationship to the child.

Name_____ Phone (_____)_____

Relationship _____ Cell (_____)_____

Name_____ Phone (_____)_____

Relationship _____ Cell (_____)_____

## FAMILY INFORMATION FORM

**Our household includes (names and ages):**

Mom:_____

Dad:_____

Sisters:_____

Brothers:_____

Others:_____

Any additional information:_____

Does your child have a pet?

Kind:_____ Name:_____

Kind:_____ Name:_____

Does your child have other opportunities to interact with other children, if yes, where? _____

What communicable diseases has your child had? Indicate date or age:

Chicken Pox _____ Scarlet Fever_____

Impetigo_____ Conjunctivitis_____

Does your child have any allergies? _____

If so, please list them:_____

Does your child have frequent:

Coughs_____ Colds_____ Fever_____ Ear Infections_____ Upset Stomach_____ Convulsions_____ Seizures_____

Is there any physical or emotional condition that we need to know about to properly care for your child? (Explain)_____

_____

Please give any special instructions or additional information you may think would be important for us to have: _____

_____

**VICTORY KIDZ CARE**

Child's Name _____

Address _____

City _____ ST ____ ZIP _____

Proof of age and identity (check one): Birth Certificate _____ Other _____
If other, explain, list document, and enclose with this form. The original will be returned to you.

Previous childcare programs and schools this child has attended:

| Name of Program | City | State | Dates |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**PLEASE SELECT DAYS YOUR CHILD WILL BE ATTENDING and DROP OFF/PICK UP TIMES:**

Monday_____ Drop Off Time _____Pick up Time_____

Tuesday_____ Drop Off Time _____Pick up Time_____

Wednesday_____ Drop Off Time _____Pick up Time_____

Thursday_____ Drop Off Time _____Pick up Time_____

Friday _____ Drop Off Time _____Pick up Time_____

Full Day_____ Half Day (4.5 hrs. max) _____ After School_____

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## VERY IMPORTANT INFORMATION

Dear Parents,

We are excited that you have chosen to have your child attend our daycare. We promise you that we will do our very best to ensure the safety and welfare of your child while he or she is in our care. We look forward to a wonderful year together.

As many of you already know, we are a "License Exempt" daycare with the Commonwealth of Virginia. We are required to do this by the State, and it is designed to protect your child. There is a requirement of all preschools and childcare centers in the state of Virginia. Section 63.1-196.3 of the Code of Virginia exempts child day centers operated under the auspices of a religious institution from licensure. If a child day center operated under the auspices of a religious institution chooses not to be licensed, certain documentation must be filed annually with the Department of Social Services. In addition the Code of Virginia outlines the additional requirements that exempt child day centers must meet.

In light of all that, please understand that we must ask for certain information from you for continued enrollment, this should be true of any preschool or child day center in Virginia. In the future, this information will be added to our "Enrollment Agreement".

To comply with Section 63.1-196.002 of the Code of Virginia, we are required to ask for **proof of age and identity** (birth certificate), as well as **information regarding previous child care and school attendance**. Please fill out the attached form and return it as soon as possible to the Registration Desk. You are required to return it to us within seven business days of first attendance or we must report you to the local law enforcement agencies. If you would like a copy of the requirement to understand why we must require you to provide all this information, please contact the Daycare Director at 540-667-9400 ext.125 / vkc@victorywinchester.com. **If you have already provided this information, you do not need to resubmit it. If you have only provided the birth certificate, you still do need to list the previous childcare and school attendance.**

Thank you for your cooperation with this process. God bless you!

Sincerely,
Mrs. Kellie Reynolds
Daycare Director

## PERMISSION FOR EMERGENCY TREATMENT

**Name of Child**_____

In the event of an emergency or accident which requires immediate medical treatment and/or at a time when a parent cannot be located, I give permission for the Director, or any staff member at Victory Church or Victory Kidz Care to authorize such treatment. I will not hold Victory Church, or its employees, Pastors, Board, or members, or any medical personnel liable in any way. This is done with the understanding that every reasonable attempt will have been made to contact the parents or legal guardians.

Date_____ Signed _____
(Parent or Legal Guardian)

Health Insurance

Company_____

Policy #_____

Group #_____

Subscriber #_____

Important Medical Information (food or medication allergies, asthma, heart problems, diabetes, etc.)

_____

_____

_____

_____

**COMMONWEALTH OF VIRGINIA**
**SCHOOL ENTRANCE HEALTH FORM**
**Part II - Certification of Immunization**

***Section I***

**To be completed by a physician or his designee, registered nurse, or health department official. See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Student's Name:___Date of Birth: |____|_____|_____|
*Last First Middle Mo. Day Yr.*

| IMMUNIZATION | RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN | | | | |
|---|---|---|---|---|---|
| *Diphtheria, Tetanus, Pertussis (DTP, DTaP) | 1 | 2 | 3 | 4 | 5 |
| *Diphtheria, Tetanus (DT) or Td (given after 7 years of age) | 1 | 2 | 3 | 4 | 5 |
| *Tdap booster (6th grade entry) | 1 | | | | |
| *Poliomyelitis (IPV, OPV) | 1 | 2 | 3 | 4 | |
| *Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age | 1 | 2 | 3 | 4 | |
| *Pneumococcal (PCV conjugate) *only for children <60 months of age | 1 | 2 | 3 | 4 | |
| Measles, Mumps, Rubella (MMR vaccine) | 1 | 2 | | | |
| *Measles (Rubeola) | 1 | 2 | Serological Confirmation of Measles Immunity: | | |
| *Rubella | 1 | | Serological Confirmation of Rubella Immunity: | | |
| *Mumps | 1 | 2 | | | |
| *Hepatitis B Vaccine (HBV) ❑ Merck adult formulation used | 1 | 2 | 3 | | |
| *Varicella Vaccine | 1 | 2 | Date of Varicella Disease OR Serological Confirmation of Varicella Immunity: | | |
| Hepatitis A Vaccine | 1 | 2 | | | |
| Meningococcal Vaccine | 1 | | | | |
| Human Papillomavirus Vaccine | 1 | 2 | 3 | | |
| Other | 1 | 2 | 3 | 4 | 5 |

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Official in the appropriate box.

**PLEASE NOTE THAT THE REGISTRATION FEE AND *ALL* FORMS, INCLUDING IMMUNIZATION RECORD (a copy is acceptable) *MUST* ACCOMPANY THIS FORM! PLEASE NOTE THAT WE WILL NEED TO SEE AN *ORIGINAL BIRTH CERTIFICATE*!**

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**(FOR OFFICE USE ONLY)**

| **FORM:** | **DATE:** |
|---|---|
| ____ Enrollment Agreement Received | _____/_____/_____ |
| ____ Registration Fee Received (one time, $40 per family) | _____/_____/_____ |
| ____ Emergency Treatment Form Received | _____/_____/_____ |
| ____ Family Information Form Received | _____/_____/_____ |
| ____ Up-to-Date Immunization Record Received | _____/_____/_____ |
| _____ Birth Certificate State & Number | _____/_____/_____ |

# Victory Kidz Care
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**Name of Child** _____

I have received a copy of the handbook of policies including the public disclosure
statement and staff position requirements. I have read and understand these policies.

Date _____ Signed, _____
(Parent or Legal Guardian)