



**2021
ENROLLMENT
AGREEMENT**

VICTORY KIDZ CARE

VICTORY CHURCH

2870 Middle Road Winchester, VA 22601

Phone: 540-667-9400 / Fax: 540-667-9604

2021 ENROLLMENT AGREEMENT

Age on 1/4/2021 _____

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 (____) _____

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 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. **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,
Pastor Cheryl Beasley
Children's Pastor and 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. 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.

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 (6 th 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) <input type="checkbox"/> 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
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, childcare or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo.,Day, Yr.):** __/__/__

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!

(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	___/___/___

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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)