

**Legacy Learning Academy**

**Child Registration Form**

<b>Child's Name</b>	<b>Nick Name</b>	<b>Date of Birth</b>	<b>Sex</b>
<b>Address</b>			<b>Home Phone</b>
<b>Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed</b>			
<b>If Child Attends This Center and Another School/Program, Give Name of School/Program</b>			<b>Grade</b>
<b>Previous Early Care Programs and Schools Attended</b>			

<b>Father</b>	<b>Place Employed</b>	<b>Business Phone</b>	
<b>Home Address</b>		<b>Home Phone/Cell Phone</b>	
<b>Mother</b>	<b>Place Employed</b>	<b>Business Phone</b>	
<b>Home Address</b>		<b>Home Phone/Cell Phone</b>	
<b>Person(s) or Agency Having Legal Custody of Child (Name and Social Security Number</b>			
<b>Name:</b>		<b>Social Security Number:</b>	
<b>Home Address</b>		<b>Home Phone</b>	
<b>Business Address</b>	<b>Family Size (total number in household)</b>	<b>Business Phone</b>	
		<b>Gross Family Income</b>	<b>\$</b>

**PARENT(S)/GUARDIAN(S)**

**EMERGENCY INFORMATION**

<b>Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency</b>		
<b>Child's Physician:</b>		<b>Phone</b>
<b>Child's Physician's Address:</b>		
<b>Two Local Contacts If Parent(s) Cannot be Reached</b>	<b>Full Address (Must be different address than child's home)</b>	<b>Phone</b>
1.		
2.		
<b>Person (s) Authorized to Pick Up Child</b>	<b>Telephone Numbers</b>	
1.	1.	
2.	2.	

Person (s) NOT Authorized to Pick Up Child		
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*\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.*

### AGREEMENTS

1. The Legacy Learning Academy agrees to notify me whenever my child becomes ill and I will arrange to have the child picked up as soon as possible.
2. I authorize the Legacy Learning Academy to obtain immediate medical care if any emergency occurs when I cannot be located immediately. I will not hold LLA financially responsible for the emergency care or transportation of my child.
3. I agree to inform the Legacy Learning Academy within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. \*\*
4. I agree to inform the Legacy Learning Academy if there are any changes in information on this form.
5. I have read the Parent Handbook and fully understand the Academy's Regulation and Policies.

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Date

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

### OFFICE USE ONLY

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

### IDENTITY VERIFICATION

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

Date registration fee paid \_\_\_\_\_

A registration fee of **\$50.00** must accompany this application. This fee is non- refundable.

**Return this application to:**

**Legacy Learning Academy**  
**225 Hatton Street**  
**Portsmouth, Virginia 23704**