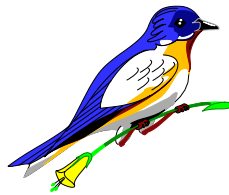


- **Tiny Tots Playroom**
1500 King Street # 105
Alexandria, VA 22314
Tel: (703) 683-5130
tinytots.org
Transfer: _____
- **Blue Bird Day School**
2401 9th Street North
Arlington, VA, 22201
Tel: (703) 525-7117
bluebirddayschool.org
Transfer: _____
- **Brentwood Academy**
3725 Nalls Road
Alexandria, VA 22309
Tel: (703) 780-5750
brentwoodacademy.org
Transfer: _____
- **Blue Bird of Alexandria**
346 Commerce Street
Alexandria, VA 22314
Tel: (703) 683-2701
bluebirdofalexandria.org
Transfer: _____

- **Blue Bird of Alexandria II**
1416 Duke Street
Alexandria, VA 22314
Tel: (703) 548-1268
bluebirdofalexandria.org
Transfer: _____
- **Blue Bird of Vienna**
1101 Park Street SE
Vienna, VA 22180
Tel: (703) 938-5955
bluebirdofvienna.org
Transfer: _____



Dear Parent,

We are pleased that you are considering our school for your child. On the next few pages, you will find the application and forms you will need. Here is a brief summary of the application process:

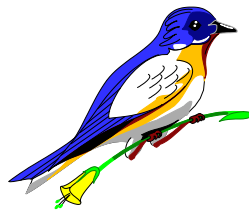
Plan a Visit

Arrange for a family tour and meet with an administrative director. Please call for an appointment, if you haven't done so already.

Admission Application

Complete and sign the application and send it to us along with the \$100.00 non refundable fee. Take the immunization form to your child's physician have him/her fill it out and sign.

Office of Admissions



Registration Form

PLEASE BRING BIRTH CERTIFICATE OR OTHER FORM OF IDENTITY PROOF

Child's Name _____ Nickname _____ Date of birth _____ Sex _____

Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed

Previous Child Care Programs and Schools Attended

Name of school / program attended simultaneously _____ Grade _____

Father _____ Place of employment _____ Business Phone _____

Home Address _____ Home Phone _____

Mother _____ Place of employment _____ Business Phone _____

Home Address _____ Home Phone _____

Person(s) or Agency Having Legal Custody of Child _____

Home Address _____ Home Phone: _____

Business Address _____ Business Phone _____

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc, and action to take in an Emergency _____

Names and addresses of two (2) people to contact if parents cannot be reached

1. _____ Address: _____

Home Phone: _____ Business Phone: _____ Relationship: _____

2. _____ Address: _____

Home Phone: _____ Business Phone: _____ Relationship: _____

Person(s) authorized to pick up child: _____

Person(s) NOT authorized to pick up child: _____

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Child's name: _____ Date of Birth: _____

Father _____ Place of employment _____ Business Phone _____

Home Address _____ Home Phone _____

Mother _____ Place of employment _____ Business Phone _____

Home Address _____ Home Phone _____

I _____ authorize _____
Parent name School name

to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests, the use of surgery, and / or the administration of drugs to my child or ward if an emergency occurs when I cannot be reached immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

1. I/we will be responsible for the payment of medical care expenses: _____

2. Medical treatment costs are covered by:

Name of insurance company: _____

Medical coverage number : _____

No insurance: _____

Child's Physician: _____ Phone number: _____

Attached is a copy of the agreement between the child's parent(s) or guardian and the school operator.

Yes ___ No ___

Parent/Guardian signature

HEALTH HISTORY

Child's name: _____

Birth date: _____ Sex: _____

Child's social security number: _____

Medical history

Diseases:

	Age		Age
Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformations _____

Allergies (drug, food, etc) _____

Drug Sensitivities _____

Seizures _____

Comments _____

Parent signature _____

ALLERGIES HISTORY FORM

Child's name: _____ Date: _____

Allergies

Foods:

Reactions:

Drugs:

Reactions:

Environment:

Reactions:

Treatment

Prevention:

Medication:

Special circumstances:

Instructions in case of severe reaction:

Signature: _____ Telephone number: _____

FIELD TRIP AND ACTIVITIES PERMISSION

Child's name: _____

I give my permission for my child to participate in the neighborhood walks of field trips. I understand that I will be informed of all planned field trips that may require transportation and at that time a special permission will be required.

I grant my permission for my child to be included in school pictures and give permission for those pictures to be used by the school on their web site or advertisement brochures.

I grant my permission for my child to participate in the activities and in the use of the equipment at the school.

Signature: _____ Date: _____

PHOTO WAIVER

I give permission for my child's picture to be used in any promotional piece, such as brochure, web site, newspaper advertisement, for the sole purpose of promoting the school.

Signature: _____ Date: _____

PARENT AGREEMENT

I HAVE READ THE SCHOOLS "PARENT MANUAL" AND ITS ATTACHMENTS AND I AGREE TO ABIDE BY THE POLICIES AND PROCEDURES DESCRIBED THEREIN. I ALSO AGREE TO PROVIDE A ONE MONTH NOTICE PRIOR TO LEAVING THE PROGRAM. OTHERWISE I WILL BE RESPONSIBLE FOR THE EQUIVALENT TUITION.

Signature: _____ Date: _____

AGREEMENTS

1. The School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required by the school.
2. The School will notify all parents of any child/children that have been diagnosed with a communicable disease, AND the parent/guardian will notify the School within 24 hours, or the next business day after the child or any of the immediate household has developed a communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
3. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
4. The School Administration reserves the right to make the final decision as to the acceptance and /or retention of a child 's placement in the program

SIGNATURES

Parent/guardian: _____ Date: _____

School Administrator: _____ Date: _____

Date child entered school: _____ Date child left school: _____

Notarized

Acknowledged before me this ___ day of _____, 20___ City/ County of _____

Notary Public

My commission expires: _____



**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth: _____ Birth Date: _____ Date Issued: _____

Birth Certificate: _____ Other: _____

Person Viewing Documentation: _____ Date Documentation Viewed: _____

Date of notification of local law enforcement agency (when required proof of identity is not provided) _____

Proof of the child identity and age may include a certified copy of the child's Birth Certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or a copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent.

Admission checklist

- Made an appointment for a family tour and visit with an administrator

- Submitted your child's application package and the \$100.00 non refundable fee

- Submitted Immunization record and birth identification

Questions?



- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tiny Tots Playroom
1500 King Street # 105
Alexandria, VA 22314
Tel: (703) 683-5130
tinytots.org
Transfer: _____ | <input type="checkbox"/> Blue Bird Day School
2401 9 th Street North
Arlington, VA, 22201
Tel: (703) 525-7117
bluebirddayschool.org
Transfer: _____ | <input type="checkbox"/> Brentwood Academy
3725 Nalls Road
Alexandria, VA 22309
Tel: (703) 780-5750
brentwoodacademy.org
Transfer: _____ | <input type="checkbox"/> Blue Bird of Alexandria
346 Commerce Street
Alexandria, VA 22314
Tel: (703) 683-2701
bluebirdofalexandria.org
Transfer: _____ |
| | <input type="checkbox"/> Blue Bird of Alexandria II
1416 Duke Street
Alexandria, VA 22314
Tel: (703) 548-1268
bluebirdofalexandria.org
Transfer: _____ | <input type="checkbox"/> Blue Bird of Vienna
1101 Park Street SE
Vienna, VA 22180
Tel: (703) 938-5955
bluebirdofvienna.org
Transfer: _____ | |

We are a private school. We do not discriminate on the basis of race, color, creed, religion or ethnic origin in any of our policies and practices. All applicants are welcome. The School Administration reserves the right to make the final decision as to the acceptance and /or retention of a child 's placement in the program