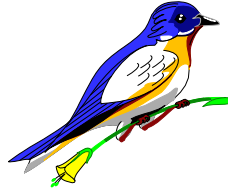


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|---|--|---|--|
| <p>☐ <b>Tiny Tots Playroom</b><br/>         1500 King Street # 105<br/>         Alexandria, VA 22314<br/> <b>Tel: (703) 683-5130</b><br/>         tinytots.org<br/>         Transfer: _____</p> | <p>☐ <b>Blue Bird Day School</b><br/>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



**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

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

## 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 \_\_\_

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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:

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Reactions:

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Drugs:

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Reactions:

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Environment:

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Reactions:

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## Treatment

Prevention:

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Medication:

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Special circumstances:

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Instructions in case of severe reaction:

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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?*



- |  |  |  |   |
|--|--|--|---|
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|--|--|--|---|

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