



# Courthouse Academy Registration 2017-2018

Child's First Name	Middle	Last	Sex:	DOB:	Age as of 9/30/17:	Nick-name:
Does your child have a court order affecting his/her life? Please check a box. <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes, you must bring the school a <u>certified copy of the court order</u> to be copied at the school for your child's file.						
Address & Zip:					Home phone:	
Previous Daycare/school attended or mark N/A:				Your email addresses:		
If your child also attends another school, state the name:				Father's SS#		
				Mother's SS #		
Please check your preferred curriculum for preschool students: <input type="checkbox"/> Spanish Immersion <input type="checkbox"/> Traditional						

## Parents/Guardians

Father:	Place Employed:	Business phone:
Home address if different from above:	Home phone:	Cell phone:
Mother:	Place Employed:	Business phone:
Home address if different from above:	Home phone:	Cell phone:

## Emergency Information

Chronic physical problems, allergies or intolerances, symptoms and action to be taken:	
Child's physician:	
Phone:	

## Two people to contact if parents can't be reached. (Must be local).

Name:	Address & zip:	Phone:	Cell:
Name:	Address & zip:	Phone:	Cell:
Additional people allowed to pick child up:			
*People NOT allowed to pick child up:			

\*If a parent is not allowed to pick child up, appropriate paperwork such as custody papers shall be attached. Note: Section 22.1.-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent can be listed as an emergency contact if the noncustodial parent wishes.

<b>Staff section only:</b>		School year:		Registration fee paid:		Additional due:	Additional paid:	
<b>Circle:</b>	Infant	Toddler	Trans 2	2	Sp2	3	Sp3	PK
<b>Circle:</b>	SpPK	SpK	First	Second/Third				
<b>Circle:</b>	T/T	MWF	5DAY		<b>Circle:</b>	Full Day	Ext. Day	

## Agreements

- \*Courthouse Academy agrees to notify the family whenever the child becomes ill and the family will arrange to have the child picked up as soon as possible if so requested by the school.
- \*The Parent/Guardian authorizes Courthouse Academy to obtain immediate medical care if any emergency occurs when a family member cannot be located immediately. If there is an objection to seeking emergency medical care, a statement must be provided for the child's school file by the Parent/Guardian stating the objection and the reason for the objection.
- \*The Parent/Guardian agrees to inform the school within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State. Board of Health, except for life threatening diseases which must be reported immediately.
- \*The Parent/Guardian understands that the student is being registered for the full school year, Starting in September and ending in June. The tuition and extra-curricular tuition are divided into 10 payments, due the first of each month. Late fees begin to accrue after the 5<sup>th</sup>, and if tuition has not been paid by the 15<sup>th</sup>, the student may not return to school until the outstanding fees have been paid. If legal action is required to settle an account, all fees will be the responsibility of the Parent/Guardian.
- \*The Parent/Guardian understands that they are not being charged tuition during the weeks school is closed. The tuition is an **ANNUAL** fee, divided into equal monthly payments for the convenience of the families.
- \*Courthouse Academy does not make up emergency closings due to weather or other reasons beyond the control of the school. Courthouse is open a greater number of days than the Virginia Beach Public Schools; missed school days will not be made up.
- \*Courthouse Academy reserves the right to withhold services on any day for any reason.
- \*Registration is non-refundable and prices are subject to change.

## Signatures

Parent/Guardian	Date:
Courthouse Academy Director:	Date:
Date child entered care:	Date child left care:

## Identity Verification

Place of Birth:	DOB:	Certificate #	Date Issued:
Other form of Proof ( <u>Not</u> S.S #):		Today's Date:	Person Reviewing Documentation:

Date of Notification of local Law-Enforcement Agency (when required proof of identity is not provided \_\_\_\_\_).

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or 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. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school, or center transfers responsibility of the child directly to the school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child. Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedure for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such document by (i) shredding, (ii) erasing, or (iii) modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

Notes:

# Attach Current Photo of Your Child Here