



CHILD REGISTRATION FORM
DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES (ANWL REVISED CDC MODEL FORM)

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	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		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- 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 of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center 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 requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his 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.

SIGNATURES

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

Date Child Entered Care: _____ Date Left Care: _____

** 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 IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

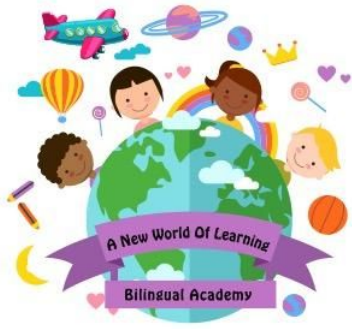
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed T	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

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 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 (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the 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 procedures 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 documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



Financial Agreement

Child's Name: _____ Birth Date: _____

I wish to enroll the above-named child in A New World of Learning Bilingual Academy.

I agree to pay _____ ☐ Weekly ☐ Monthly ☐ Yearly
should you decide to pay monthly; you must calculate the amount by multiplying the weekly tuition by the number of Mondays of the given month.

- All payments are to be made in advance for the week ahead.
- Payments must be received by the office no later than the time of morning drop off on Friday of each week (unless prearranged with admin). Any accounts not paid by this time will automatically be assessed a \$35.00 late fee due the same day.
- If you receive a Late charge it is due that same friday and if not received by monday that will be +\$5.00 and if the \$35.00 + \$5.00 is not received by friday of the following week you will be charged another \$35.00 and ANWL will pursue legal action.
- Should a payment come back as declined or returned when using a credit card \$35.00 LF will be added to the student's account.
- If tuition lapses one week without office approval, the student's place may be forfeited and given to someone on our waiting list.
- There are no deductions in tuition due to illness, holidays, staff days, suspensions, inclement weather, unforeseen events.
- Should it become necessary to take legal action for past due accounts, all attorney fees and court costs will be paid by the parent or guardian.

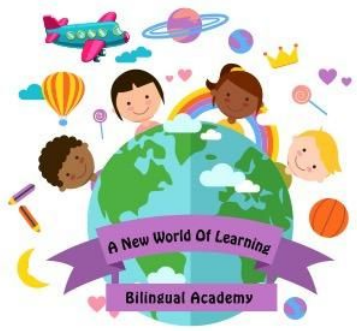
Methods of Payment: We accept **money orders, money grams, western union, cash**, or the use of **credit card via ADP or Venmo for a 3% fee**. We do not accept personal checks.

Withdrawal & Vacation: A two-week notice is required for withdrawal and Vacation. Two weeks of tuition will be charged if no notice is given. Vacation pay is 50% of the weekly tuition. For Example : (The 50% tuition is due the friday before you go on vacation because you wont be here to pay when it is due.)

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date



CONTRACT OF ENROLLMENT

CHILD'S NAME: _____ DATE OF BIRTH: _____

By signing below, I am requesting consideration for enrollment of my child for child care and academic services provided by A New World of Learning.

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

I have received a copy of the Parent Handbook and I hereby acknowledge and accept all the policies and requirements outlined in the Parent Handbook.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
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Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
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NWL Director's Signature	NWL Director's Printed Name	Date
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Snacks & Meals

A New World of Learning Bilingual Academy will provide all daily snacks and meals(Breakfast & lunch). Please review a sample schedule for general meal times.

Any allergies or dietary restrictions must be disclosed to A New World of Learning. ANWL must be kept up to date with any changes in allergies or dietary needs.

I accept my responsibility to review the provided menu, and should a concern or request arise, it is my responsibility to notify the NWL administrative office prior to the menu item(s) being served. If there is something your child can not have please bring a substitute for that day or meal.

Child's Name: _____

Dietary Restrictions: _____

Allergies: _____

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date



EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of **A New World of Learning
Bilingual Academy** and the facility is unable to contact me immediately, OR if the
injury is severe enough to forgo contacting me first, it shall be authorized to secure
such medical attention and care for the child as may be necessary. I shall assume
responsibility for payment for services.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date

NWL Director's Signature

NWL Director's Printed Name



Photography & Videography Consent Form

By selecting “accept” below, I acknowledge that my children, whose names are listed below, may be photographed and/or videotaped at A New World of Learning Bilingual Academy. Additionally, I understand that these photographs and/or videos may be used in promoting the center both online and in print. Photographs and videos used online may include but are not limited to: social media (Instagram, Facebook, Twitter, etc), website, and ads.

☐ I ACCEPT these terms for my child(ren): _____

I give permission for my child(ren) to be photographed, videotaped, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

☐ I DECLINE these terms for my child(ren): _____

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date



Illness Policy and Agreement

The health and safety of our children is A New World of Learning Bilingual Academy's number one concern. As such, it is highly important that we commit to lessening the spread of germs and illnesses as much as possible. We cannot do this without the commitment of our parents. If you suspect your child is sick, please do not send them to school. If called to pick up your child, please recognize that we send children home with the health of the academy's student body as a whole in mind.

Symptoms that a child will be sent home for:

1. Fever 100° and over
2. Vomiting (usually more than 1 time)
3. Diarrhea (3 times or more within a day)
4. Greenish yellow nasal discharge accompanied by fever (most common)
5. Persistent coughs (most common)
6. Red eyes with discharge
7. Undiagnosed generalized rash or skin condition
8. Open wounds that cannot be covered and /or drainage that cannot be contained with bandage
9. Unusual or change in behavior (ex. normally active → lethargy, excessive crying)

By signing below, I understand that I must pick up my child within one (1) hour if notified that my child has one or more of the listed symptoms. These symptoms need only present at A New World of Learning Bilingual Academy for the agreement to be exercised. If sent home from the academy due to a listed symptom, I understand that my child must be symptom free for 24 hours without the aid of medication before they are allowed to return. By not adhering to the pick-up time limit, or not adhering to the minimum 24-hour exclusion from the academy, I understand that this may result in termination of enrollment.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date



INSECT REPELLENT PERMISSION SLIP

CHILD'S NAME: _____

By signing below, I hereby give permission for A New World of Learning Bilingual Academy to apply the insect repellent that I provided to my child. By signing, I also understand that this permission slip grants permission for one (1) year from the signature date, unless notated otherwise below. If discontinuation date is not listed, the permission will default to one (1) year.

A parent or guardian may also recant a previously signed permission slip at any time by filling out the bottom portion, signing, and dating.

COMMENTS/NOTES: _____

DISCONTINUATION DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian's Printed Name: _____

Parent/Guardian's Phone Number: _____

By signing below, I am requesting to recant the above, previously signed, permission slip.

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian's Printed Name: _____



Chaperone Form

Name: _____

Medical Conditions: _____

Allergies: _____

Emergency Contact(s) Name & Phone Number:

By signing below, I understand that I may not serve as sole supervision of any child or children and I may not be left alone with any children other than my own.

Signature

Date



Religious Lessons & Activities Opt Out Request

By signing below, I am requesting that my child(ren) be excluded from any religious lessons or activities, such prayers, arts, crafts, etc. I also understand that if

I wish to change the request and would like for my child to participate in such activities and lessons, I must request the form to be updated. I further understand that this request to “Opt Out” does not include holidays such as Christmas, Easter, and Good Friday. I understand that the academy will observe these holidays by closing and may decorate the facility with holiday themed décor.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Date



SUNSCREEN PERMISSION SLIP

Center Supplied Sunscreen

CHILD'S NAME: _____

By signing below, I hereby give permission for A New World of Learning Bilingual Academy to apply the sunscreen provided by the center to my child. By signing, I also understand that this permission slip grants permission for one (1) year from the signature date, unless noted otherwise below. If discontinuation date is not listed, the permission will default to one (1) year.

A parent or guardian may also recant a previously signed permission slip at any time by filling out the bottom portion, signing, and dating. COMMENTS/NOTES:

DISCONTINUATION DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian's Printed Name: _____

Parent/Guardian's Phone Number: _____

By signing below, I am requesting to recant the above, previously signed permission slip.

PARENT/GUARDIAN SIGNATURE

DATE

Parent/Guardian's Printed Name: _____



Uniform Agreement

By signing below, I agree to adhere to the uniform requirements as stated. Uniforms will be required unless otherwise advised by A New World of Learning Bilingual Academy staff member. If a student attends without wearing a uniform, the parent/guardian will be contacted to bring the required uniform for the students to wear.

Waddling One Year Olds – **RED** Polo

Two-Year Olds – **NAVY BLUE** Polo

Three-Year Olds – **YELLOW** Polo

Four-Year Olds – **PURPLE** Polo

Five-Year Olds – **DARK GREEN** Polo

Student's Name: _____

Signature

Date



Uniform Agreement

PLEASE REMEMBER THAT UNTIL JUNE 12TH 2020, UNIFORMS ARE REQUIRED ON A DAILY BASIS UNLESS IT IS CASUAL FRIDAY WHERE THE STUDENT MAY COME OUT OF UNIFORM FOR (\$.50) OR IT IS A SPIRIT DAY AND YOUR CHILD IS PARTICIPATING.

SHOULD YOUR CHILD HAVE AN ACCIDENT OR A SPILL ON THE WAY TO SCHOOL (OR AT SCHOOL) ACCOMMODATIONS WILL CERTAINLY BE MADE AND UNIFORMS CAN BE FORGONE FOR THAT DAY AS AN EXCEPTION.

EXAMPLE: IF YOUR CHILD COMES TO SCHOOL OUT OF UNIFORM MONDAY- THURSDAY THAT IS AN AUTOMATIC FEE OF \$.75 ADDED TO YOUR WEEKLY TUITION

ON CASUAL FRIDAYS IT IS YOUR CHOICE TO BRING THEM OUT OF UNIFORM FOR \$.50 THAT WILL GO TOWARDS FOR FUN ACTIVITIES AND SUPPLIES FOR THE STUDENTS.

Student's Name: _____

Signature

Date





BIENVENIDOS!

A New World of Learning

Bilingual Academy

Parent Handbook

2019 – 2020

“Your Preferred Bilingual Academy”

1640 Michigan Avenue

Virginia Beach, VA 23454

(757) 756-4274