



SEASIDE SCHOOL REGISTRATION 2018-2019
STUDENT INFORMATION

Last Name	First Name	Nickname	Gender:	DOB:	Age as of 9/30/18:
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Does your child have a court order affecting his/her life? Yes No
 If you checked yes, you must bring the school a *certified copy of the court order* to be copied at the school for your child's file.

Address

City	State	Zip Code
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PARENTS/ GUARDIANS INFORMATION

Last Name	First Name	Relationship
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Address & Zip Code (if different from above)

Home Phone	Cell Phone	Work Phone	E-Mail
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Last Name	First Name	Relationship
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Address & Zip Code (if different from above)

Home Phone	Cell Phone	Work Phone	E-Mail
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EMERGENCY CONTACT INFORMATION:

Chronic physical problems, allergies or intolerances, symptoms and action to be taken:

Child's Physician:	Phone:
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TWO PEOPLE TO CONTACT IF PARENTS CAN NOT BE REACHED. (MUST BE LOCAL)

Last Name	First Name	Relationship
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Home Phone	Cell Phone	Work Phone	E-Mail
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Last Name	First Name	Relationship
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Home Phone	Cell Phone	Work Phone	E-Mail
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Additional people allowed to pick child up:

*People NOT allowed to pick child up:

*If a parent is not allowed to pick 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.

PLEASE V THE PROGRAM DESIRED: Returning Student New Student

10 MONTH to 1 YEAR OLD (1 by 9/30) MUST BE Walking <input type="checkbox"/> 3 day Monday, Wednesday, Friday <input type="checkbox"/> 5 day Monday - Friday	EXT CARE: <input type="checkbox"/> PT <input type="checkbox"/> FT
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2 YEAR OLD (2 by 9/30) children DO NOT have to be toilet trained <input type="checkbox"/> 5 day Monday -Friday	EXT CARE: <input type="checkbox"/> PT <input type="checkbox"/> FT
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3 YEAR OLD (3 by 9/30) children MUST BE toilet trained <input type="checkbox"/> 5 day Monday-Friday	EXT CARE: <input type="checkbox"/> PT <input type="checkbox"/> FT
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PRE-KINDERGARTEN (4 by 9/30) <input type="checkbox"/> 5 day Monday- Friday	EXT CARE: <input type="checkbox"/> PT <input type="checkbox"/> FT
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Authorization for Emergency Treatment of Minor Child

This Document authorizes emergency medical treatment of minor child (under age 18) in the absence of parent(s) or legal guardian(s). The original completed and notarized copy of this form shall be presented by (or on behalf of) the minor.



Please print all information requested below.

Name of Minor: _____

DOB: _____ Social Security Number _____

Parent(s) or Legal Guardian(s) Name _____

Contact Phone Numbers: Home _____ Cell _____

Minor's Hospitalization Coverage

Name of Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Relationship to Minor: _____

Address: _____

Minor Medical Information

Special Conditions (Allergies, Etc.) _____

Name of Physician _____ Address: _____

Physician Number: _____

IDENTITY VERIFICATION FORM *OFFICE USE ONLY
NOTARY WILL COMPLETE THIS PORTION

The 1998 General Assembly passed legislation which affects child day centers sponsored by religious institutions. This law is intended to help identify missing children and requires the following: 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, record from a public school in Virginia, or 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 present-ed. 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. If the requested information is not received within seven business days of your child's first day of school, we are bound by law to notify the local law enforcement agency.

Birth Certificate Information for Students Full Name _____

Place of Birth _____ DOB: _____

Birth Certificate Number _____ Date Issued _____

Social Security Number _____ Other Form of Proof (not S.S.#) _____

Notary Signature _____

(Notary Stamp)

Date _____



VBUMC SEASIDE SCHOOL & EXTENDED CARE Policies Agreement

Student's Name _____

***Please initial on the lines that you have read and understand each item.**

Registration Fee

_____ The Registration Fee includes a materials fee. This fee is due at the time you register and is required to reserve a position in Seaside School for your child. **The registration fee is Non-Refundable.**

_____ Appropriate paper work such as custody papers shall be attached if a parent is not allowed to pick up a 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 public school of day care must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Tuition Payments

_____ Tuition Payments are due by the 10th of each month for the following month. Tuition for September is due by August 10th and the final tuition month payment for the year will be due by the 10th of May

_____ If the tuition payment is made after the 10th, please include the **\$25.00 late fee.**

_____ 30 Day notice is required upon withdrawal from the program; otherwise tuition payment for the two weeks must be made.

_____ If tuition payment is returned to VBUMC due to insufficient funds you will be charged a **\$35.00 returned payment fee.**

_____ Your monthly tuition is _____.

Delinquent Accounts

_____ Accounts that have not been paid by the end of the month that tuition is due will result in student dismissal from Seaside School. Student will not be re-enrolled in the program until the account is brought up to date.

Late Pick-up

_____ Parent or guardian of students consistently picked up after 12:35 will be assessed a \$25.00 fee per occurrence.

Illness Policy

_____ If your child is ill with a fever, diarrhea, or vomiting, your child may **NOT** return to school until he/she is free from all symptoms for a full 24-hour period without help of medication.

Field Trip Policy

_____ If you choose to allow your child to participate in our school field trips your child will ride the VBUMC bus. If you choose to not allow your child to ride the bus to the field trip destination Seaside School will not be responsible for your child. You can choose to drive them to the field trip destination. They will not be left out of any activities at the field trip site. If you choose to drive your child you must stay with them at the field trip site.

_____ Field trip fees are not included in tuition.

Consent for Photographs

_____ I hereby authorize and give full consent to VBUMC Seaside School to publish and copyright all photographs in which my child appears while enrolled as a student in all programs of VBUMC Seaside School. I further agree that VBUMC Seaside School may transfer or use their photos in school brochures, newsletter, web-page, advertising, posters, displays, slide shows, videotapes, and like publications, literature or materials without limitations or reservations.

Snow/Inclement Weather Policy

_____ In the case of snow or inclement weather, Seaside School shall follow the policy of the Virginia Beach Public Schools with Director discretion. If Virginia Beach Public Schools are closed, Seaside School and the Extended care program will also be closed. If they have a **delayed opening** schedule, Seaside School will use Director discretion in the decision to delay opening or the closing of the school.

Extended Care

_____ Extended Care is an extension of your child's day. Students must be in their regular classroom MORE than 2hrs in order to attend Extended Care. Hours 12-6pm. Part-time less than 15hr per week. Full-time More than 15hrs per week. If you exceed time you will be billed accordingly. Students consistently not picked up by 6pm will be charged an additional \$25.00 per occurrence.

Signature of Parent/ Legal Guardian: _____ **Date:** _____

Signature of Seaside School Director: _____ **Date:** _____

Date child entered program: _____

Date child left program: _____