



# Warwick River Christian Child Care

250-A Lucas Creek Road, Newport News VA 23602, (757) 877-0130,  
Fax (757) 877-6510, Website: [www.warwickriver.org](http://www.warwickriver.org)  
wrccc@warwickriver.org

## Registration Form

Date: \_\_\_\_\_

Please print clearly.

Allergy Alert: \_\_\_\_\_

Child's full name (first, middle, last): \_\_\_\_\_

Child's preferred first name or nickname: \_\_\_\_\_ Child's Sex: \_\_\_ M \_\_\_ F

Child's date of birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Name(s)/birthdate(s) of sisters and brothers: \_\_\_\_\_

\_\_\_ **Full-time Child Care**    \_\_\_ **Part-time Child Care**    \_\_\_ **Before/After School Care**

**School attending:** \_\_\_\_\_

Mark the class level this child will be entering this school year:

<b>3-Year-Old Preschool</b>	<b>4-Year-Old Preschool</b>	<b>Kindergarten</b>	<b>Elementary School</b>	<b>Middle School</b>
___ 2 days a week, AM	___ 3 days a week, AM		___ Grade 1	___ Grade 6
___ 3 days a week, AM	___ 5 days a week, AM	___ K5	___ Grade 2 ___ Grade 4	___ Grade 7
___ 5 days a week, AM	___ <b>Full-day (5 days a week only)</b>		___ Grade 3 ___ Grade 5	___ Grade 8

**Parent/guardian information.** Please list parents or guardians who have responsibility for the child. If only one has legal custody, please note which parent/guardian.

**Father**

Full name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Mother**

Full name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Church affiliation: Denomination: \_\_\_\_\_ Congregation: \_\_\_\_\_

Emergency contact information. In case the parents/guardians are not available, whom should we contact?

<b>Name</b>	<b>Relationship to Student</b>	<b>Day Phone</b>
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A. \_\_\_\_\_

B. \_\_\_\_\_

Please list person(s) who is/are authorized pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

Please list person(s) who is/are NOT authorized pick up your child:

\_\_\_\_\_

**MEDICAL INFORMATION:**

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

A. Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

B. Facts concerning your child's medical history, allergies (including foods), medications being taken, and any physical or emotional impairments to which child care personnel should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

C. If your child becomes ill or injured, in the event that you cannot be notified, may we proceed with first aid and emergency medical care for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENTS:**

- 1. Authorization is given for my child to participate in field trips. Yes \_\_\_ No \_\_\_
- 2. Permission is hereby granted for WRCCC to use my child's name and photo in publications, publicity pieces, and on the WRCS, Inc website unless noted below. Yes \_\_\_ No \_\_\_
- 3. Parent/Guardian is responsible for keeping their WRCCC account current as per policy.

Comments: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b><i>For Office Use Only</i></b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Birth Certificate on file</li> <li><input type="radio"/> Medical Information on file</li> <li><input type="radio"/> Registration fee received</li> <li><input type="radio"/> Legal documentation (if applicable 1)</li> <li><input type="radio"/> Handbook given</li> <li><input type="radio"/> Other</li> </ul> <p>State Date _____</p>
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