



WARWICK RIVER CHRISTIAN Preschool and Learning Center

252 Lucas Creek Road, Newport News VA 23602, (757) 877-0130,
Fax (757) 877-6510, Website: www.warwickriver.org
wrlc@warwickriver.org

Allergy or Medical Alert:

Registration Form

DATE: _____

___ Learning Ctr, ___ 4K Preschool @ WRC, ___ Before/After School Care, ___ Onsite Study Place - **OSP**
___ Full Time ___ ½ Day 8:30 – 12:30 ___ During Public School
___ Part Time ___ Full Day 8:30 – 3:00 ___ Virtual Learning

Please print clearly FOR **OSP**: ___ FULL TIME OR ___ PART TIME circle days: M T W TH F

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: _____

School attending (if not WRC): _____

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

Preschool	Kindergarten	Elementary School	Middle School
___ 4K	___ K5	___ Grade 1 ___ Grade 4	___ Grade 6 ___ Grade 8
		___ Grade 2 ___ Grade 5	___ Grade 7
		___ Grade 3	

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. (If applicable, please submit most recent custody agreement.)

Father

Mother

Full name: _____

Full name: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Employer: _____

Employer: _____

Position/Occupation: _____

Position/Occupation: _____

Work Phone: _____

Work Phone: _____

Church affiliation: Denomination: _____ Congregation: _____

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

Name	Relationship to Student	Day Phone
A. _____	_____	_____

B. _____	_____	_____
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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 childcare 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 WRCLC to use my child's name and photo in publications, publicity pieces, and on the WRC website unless noted below. Yes ___ No ___
- 3. Parent/Guardian is responsible for keeping their account current as per policy.

Comments: _____

Parent's/Guardian's signature: _____ Date: _____

<i>For Office Use Only</i>	
<input type="checkbox"/>	Birth Certificate on file
<input type="checkbox"/>	Medical Information on file
<input type="checkbox"/>	Registration fee received
<input type="checkbox"/>	Legal documentation (if applicable 1)
<input type="checkbox"/>	Handbook given
<input type="checkbox"/>	Other
Start Date	_____