

**St. Patrick School Extended Day**  
**9151 Elys Ford Road**  
**Fredericksburg, VA 22407**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed

**Parents/Guardian**

\_\_\_\_\_  
Father

\_\_\_\_\_  
Place Employed

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Address

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

\_\_\_\_\_  
Father Email Address

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

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Place Employed

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Address

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

\_\_\_\_\_  
Mother Email Address

\_\_\_\_\_  
Cell 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

Names and Addresses of Two People to Contact if Parents Cannot Be Reached

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

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**Person(s) Authorized to Pick Up Child**

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**Person(s) NOT 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.

**AGREEMENTS**

1. The child day center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes the child day center to obtain immediate medical care if any emergency Occurs when they cannot be located immediately. \*

**SIGNATURES**

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Parents or Guardian

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Date

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Administrator of Center

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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 parents or guardian that states their objection and the reason for their objections.

**IDENTITY VERIFICATION****N/A - Birth Certificate is on file in student's records.**

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Place of Birth

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Birth Date

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Birth Certificate Number

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Date Issued

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Other Form of Proof

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 presented. 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.