

Creative Childcare Center & Academy
12720 Spotswood Furnace Rd. Fredericksburg, Va. 22407
CCC Phone 540 785-6588 After Hours 540 786-1216 Fax 540 786-3782
Day Care, Preschool, Before / After School & Summer Program
River Club Registration Application

Parent's Last Name _____ Child's Last Name _____
_____ 5 yr. old Kindergarten _____ Day Care 2 1/2 -5 yr. olds
_____ 4 yr. old preschool _____ Summer Recreation (5 yr. and up)
_____ 3 yr. old preschool _____ Before & After School (5 yr. and up)
_____ give days child will attend _____ give hours child will attend Pg. 1 of 2

Start Date _____ Confirm Date _____ Approved _____
River club center location _____ Chancellor location - Spotswood Furnace Rd _____

CHILD'S INFORMATION

First name _____ Middle _____ Last _____
Nickname _____ Sex _____
Address _____ Home Phone _____

Previous child day care programs and schools attended _____
If child attends this center and another school/program, give name of school/program _____ grade _____

PARENTS/GUARDIAN

Father: _____
Employer _____ Business phone _____
Home address _____ Home phone _____
Social Security number _____

Mother: _____
Employer _____ Business phone _____
Home address _____ Home phone _____
Social Security number _____

Guardian: _____
Employer _____ Business phone _____
Home address _____ Home phone _____
Agency having legal custody of child _____
Social Security number _____

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc. and action to take in an emergency _____

Medical information:
Child's physician _____ Phone _____
Address _____ Alternate Phone _____

Emergency Numbers:
Names and addresses of two people to contact if parents cannot be reached
1. _____ Phone #'s _____
Address _____ State _____ zip _____
2. _____ Phone #'s _____
Address _____ State _____ zip _____

PICK UP AUTHORIZATION

Person (s) authorized to pick up child:
1. _____
2. _____
3. _____

Person (s) not authorized to pick up child *
1. _____
2. _____

* appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up a child.

How did you hear about CCC ? _____

AGREEMENTS

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1. The 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 thereafter. The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
2. The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs and he or she cannot be located immediately *
3. I authorize the center to allow my child to participate in the following activities Field trips for the school age children may include but not be limited to FOR interpretive tours, roller skating, bowling, area museums, Funland etc. On premise use of the pool and moon bounce. Nature hikes may include roasting hot dogs and marshmallows at the Chancellor location.
4. I consent to the use of my child's name, likeness, voice, and biography in videotape recordings, motion pictures, books and still photographs for the program, display, publication, advertising, institutional and other purposes.
5. Once a child is accepted for enrollment a 2 week notice must be given prior to disenrollment or tuition will be due. A service charge of 1½ % per month , 18% APR, will be added to all overdue accounts. In the event this account shall be in default and placed with a collection agency for collection, then the undersigned agree to pay 33 1/3 percent costs of collection and 25 percent attorney's fees. Also liable for all legal fees. Payments are due on Monday a \$10 .00 late fee for payments after Tuesday applies. A \$25.00 returned check fee applies to returned checks.
6. I agree to abide by all the policies in the parent Handbook
7. I hereby give permission for my child to pet the bunny at the CCC Tidewater Trail location and goats, horses, cats and bunny at the CCC Spotswood Furnace Rd location.
8. I hereby give permission for staff to apply sun tan lotion, bug spray and diaper ointment or cream as needed. Please note any known adverse reactions
None noted _____ Adverse reaction _____
9. Other _____

SIGNATURES

_____	_____
Parents or guardian	Date
_____	_____
Administrator of center	Date

* 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 objection.

T-shirts are \$10.

**OFFICE USE ONLY
IDENTIFY VERIFICATION**

_____	_____	_____	_____
Place of birth	Birth date	Birth certificate number	Date issued
_____	_____		
Enrollment date	Disenrollment date		
_____	_____	_____	_____
Registration fee	Date	Check #	(Non-Refundable)
_____	_____	_____	_____
Curriculum fee	Date	Check #	