

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home 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	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> 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.
- 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 a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

_____ *Parent(s) or Guardian(s)* _____ *Date*

_____ *Administrator of Center* _____ *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 parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

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 (foster care and adoption agencies), record from a public school in Virginia, 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 or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. 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.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



Henrico PAL Child Release Authorization Form

I, _____, give my authorization for the individual(s) below to pick up my child, _____, from the Henrico PAL program in my absence.

Name:

Contact #:

Relationship to Child:

Name:	Contact #:	Relationship to Child:

Parent Signature _____

Date _____

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



Medication Authorization Form

Only medications permitted are liquid Benadryl, asthma inhaler, and Epipen

Section A: To be completed by parent/guardian - Instructions: Section A must be completed by the parent/guardian for ALL medication authorizations.

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician - Section B must be completed for any long-term medication authorizations (those lasting longer than 10 working days).

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)
below to be administered to: _____ for a duration that exceeds 10 work
days. (Child's name)

Medication(s): _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

Physician's Phone: _____

I will verify and document the credentials for all new staff certified to administer medication before the staff is allowed to administer medication to any child in the child day program. The *Program's Decision Regarding Medication* plan will be made available to parents at enrollment, whenever changes are made and upon request.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name (please print):	Facility Name: Harvie/Baker/Dumbarton/Pinchbeck
Parent's Name (please print):	Name(s) of Child or Children:
Parent or Guardian Signature:	Date:

PARENT ACKNOWLEDGEMENT

I acknowledge and affirm that I have read the entire Henrico Police Athletic League 2023-2024 Parent Handbook and will comply with its contents.

Parent Signature: _____

Print Name: _____

Print Child's Name: _____

Site Location: (Please choose one.)

____ BAKER ELEMENTARY SCHOOL

____ HARVIE ELEMENTARY SCHOOL

____ DUMBARTON ELEMENTARY SCHOOL

____ PINCHBECK ELEMENTARY SCHOOL

____ CHAMBERLAYNE ELEMENTARY SCHOOL

Date: _____



Sunscreen Authorization Form

Henrico Police Athletic League has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to:

_____ (child's name).

Product Name: _____

Known Adverse Reactions (if any):

- All Sunscreen products must:
 - Must have a minimum sunburn protection factor (SPF) of 15.
 - Be in the original container and labeled with child's name.
 - Be used according to manufacturer's recommendation and instructions for application.
 - Not be used beyond the expiration date.
 - Children nine years and older may self-administer sunscreen if supervised.

Parent's Signature: _____ Date: _____



Participant Form

First Tee – Greater Richmond is proud to have the opportunity to partner with your school/organization. Since 1997, First Tee has been a partnership with the LPGA, the Masters Tournament, the PGA of America, and the PGA Tour. First Tee of Greater Richmond is one chapter of over 250 in a national network whose mission is to impact the lives of young people by providing educational programs that build character, instill life-enhancing values, and promote healthy choices through the game of golf. As a non-profit, First Tee is sustainable only through the generosity of individual and corporate giving. Thus, at times, demographic information can help to ensure we are fulfilling our mission, and diversity and inclusion is critical to our success. The demographic information requested below is for record-keeping purposes only and will not be shared outside of First Tee. Thank you for the support!

Student Name: First _____ Last _____

Birth Date: (____ / ____ / ____) Gender: Female ___ Male ___

Zip: _____ Grade Level: _____ School Name: _____

Ethnicity: Black or African American White or Caucasian Latino or Hispanic

Asian Pacific Islander Native American or Native Alaskan Multi-Racial

Medical Disclaimer

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by First Tee – Greater Richmond representatives. I hereby give permission to the medical personnel selected by First Tee – Greater Richmond representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Media Release

I hereby give First Tee - Greater Richmond, Headquarters Office and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for lawful promotional or informational purposes.

Hold Harmless Agreement

I, the parent/legal guardian of the named youth, give approval for participation in First Tee – Greater Richmond sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless First Tee – Greater Richmond and Headquarters Office from claim(s) of any nature arising from any activity, including transportation, connected with First Tee facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of First Tee – Greater Richmond or Headquarters Office, its employees, agents, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to First Tee – Greater Richmond and Headquarters Office communicating information regarding my child’s participation via the internet. This consent form is valid for all activities of First Tee – Greater Richmond.

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature _____ Date _____

Interested in future programs? We will add you to our bi-monthly e-newsletter!

Parent Email: _____

If you have any questions, or are interested in getting involved with First Tee – Greater Richmond, please contact Brittany Woo, Sr. Director of Programming, brittany@firstteeva.org