

AGREEMENTS

_____ 1. Parish Day School 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 school.

_____ 2. The parent(s)/guardian(s) authorize the Parish Day School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

_____ 3. The parent(s)/guardian(s) agree to inform the Parish Day School 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.

_____ 4. Parish Day School has permission to videotape and/or photograph my child in his/her daily activities. Video and photographs may be used for any publications for Parish Day School to include but not limited to marketing, social, web, and print publications. Names will be protected and never used in any of the above referenced publications. Please check one. _____ **Yes** _____ **No**

_____ 5. Parents are responsible for applying Insect Repellent and/or Sunscreen to their children before coming to school. Full & Extended day programs may have insect repellent applied at 4 pm daily, if appropriate MAT forms are completed and on file with the Parish Day School.

<i>Parent or Guardian Signature</i>	<i>Date</i>	<i>School Administrator</i>	<i>Date</i>
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Annual registration update:

<i>Parent or Guardian Signature</i>	<i>Date</i>	<i>Parent or Guardian Signature</i>	<i>Date</i>
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**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.

Special Information (optional for demographic purposes)

_____ African-American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other (Please List)

Primary Language _____ English _____ Spanish _____ Other (Please List)

Religious Affiliation, if any _____ Member of Eastern Shore Chapel Y N

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 Document

Date Child Entered Care _____ Date Left Care _____

Virginia Health Form _____ Financial Agreement _____

Registration Fee Check Number _____