

AGREEMENTS

1. The 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. The Parish Day School has permission to videotape and/or photograph my child in his daily activities. Video and photographs will not be posted on the World Wide Web.
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.

Parent or Guardian Signature

Date

School Administrator

Date

Annual registration update:

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

**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
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 _____