

Saint Gabriel Preschool/Daycare

4319 Sano Street, Alexandria, VA 22312

7033540395 * admin@stgdaycare.org

******Please fill out completely. If not applicable, write "N/A".******

Child (Last Name)	(First Name)	(M. I)	(D.O.B.)	Nickname	Sex M / F
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Mother's e-mail :			Father's e-mail:		

PARENTS/GUARDIAN

Person(s) or Agency Having Legal Custody of Child
--

Father's Name:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Father's Place of Employment:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Business Phone () -	

Religion _____ Parish _____
 Marital Status (Circle) Married Separated Divorced* Widowed Single Remarried

Mother's Name:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / home) () -	
Mother's Place of Employment:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Business Phone () -	

Religion _____ Parish _____
 Marital Status (Circle) Married Separated Divorced* Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency ^{1*}	
Child's Physician	Phone () -

EMERGENCY CONTACT INFORMATION

Name: First and Last					
1.		Circle: (aunt/uncle) (grandparent)(friend)			
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
2.		Circle: (aunt/uncle) (grandparent)(friend)(other)			
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Person(s) Authorized To Pick Up Child (cont. on pg. 2)					
Person(s) NOT Authorized to Pick Up Child ^{2*}					

^{1*}Must be noted in the health form filled out by child's physician

^{2*} Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

To be considered for admission, the following documents must accompany this application:

1. Non-refundable one time application fee and starting tuition
2. Child's original birth certificate and other proof of identity must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)
3. Immunization Record
4. Commonwealth of Virginia School Entrance Health Form **(Must be submitted prior to beginning of school year)**
5. Current year's report from other center, including comments (if applicable)
6. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, on a separate sheet of paper please provide the name of the school and explain the reasons
7. If applicable, provide a copy of your student's custody decree.

AGREEMENTS

1. The child day care 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 care center to obtain immediate medical care if an emergency occurs when he/she cannot be located immediately. *
3. The Parent/Guardian agree to notify St. Gabriel Day Care 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.
4. Other: I have received, read and understood the rules of St. Gabriel Day Care Center (SGDCupd2019) and I agree to comply with it.

Sign Here	Parent/Guardian	Date
Update	Parent/Guardian	Date
Update	Parent/Guardian	Date
	Administrator of Center	Date

Date Child Entered Care: _____ Date Left Care : _____

* If there is an objection to seeking emergency medical care, a signed statement in writing should be obtained from the parents or guardian that states their objection and the reason for their objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Child's Name:			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof			

Received by: