

Admin. Only

Allergy Type _____

Immun. Exempt _____

Photo Y / N

Health Form Rec'd. _____

Reg. Pd. _____

Circle One

3-days/wk. MWF 2's 9am-12pm	3-days/wk. MTuTh 2's 9am-12pm	2-days/wk. Tu/Th 2's 9am-12pm	5-days/wk. M-F 2's 9am-12pm	4-days/wk. Tu-Fri. 3's 9am-12pm	5-days/wk. M-F 3's 9am-12pm	5-days/wk. Pre-K 4's 9am-1pm	5-days/wk. K's 9am-3pm
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Beach Day School
Application for Enrollment
2023 - 2024



Child's Information

Name of Child (Last, First, MI) _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Child's Primary Residence: Mother Father Both

List the family members your child lives with – including names/ages of siblings: _____

Are you members of First Presbyterian Church? Yes No If No, would you like someone to contact you? Yes No

Has your child attended any prior preschool or daycare facility? Yes No If Yes, where? _____

Primary Contact and Release Information

Parent/Guardian #1: _____ Relationship to Child: _____

Cell Phone: _____ Cell Provider: (required for text msg.) _____

Home Address: _____ Preferred Email: _____

Driver's License # / State: _____ Employer _____

Work Phone: _____ Release Child for Pick-up: Yes No

Parent/Guardian #2: _____ Relationship to Child: _____

Cell Phone: _____ Cell Provider: (required for text msg.) _____

Home Address: _____ Preferred Email: _____

Driver's License # / State: _____ Employer _____

Work Phone: _____ Release Child for Pick-up: Yes No

Medical Information

Primary Physician's Name _____ Phone: _____

Child's Insurance Provider: _____ Policy Number: _____

Allergies (pls. list – Medication or Food): _____

Has your child been immunized? Yes No (Pls. attach a copy of your child's immunization records, or a notarized exemption.)

Has your child ever received or been recommended for any of the following screenings: (pls. check all that apply – add date of last screening):

Vision _____ Developmental _____ Tuberculosis (PPD) _____

Hearing _____ Early Intervention _____ Other _____

Speech/Language _____ Occupational Therapy _____ (Pls. attach pertinent documentation)

Parent Guardian Signature: _____

Date: _____

Beach Day School Registration / Parent Contract 2023-2024

Parents/Guardians: Please initial each policy listed below, sign the Parent Certification statement at the bottom, and return all forms.

(This completed form is required before your child can be assigned a teacher.)

Section 1: Daily Procedures

_____ **PARKING:** I understand that I must find a *safe and legal* parking space before I escort my child into Beach Day School. Such parking spaces include the First Presbyterian Church parking lot (located between the PACC tennis courts and Pacific Ave.), the marked, diagonal spaces along 36th Street, and the marked, metered spaces along Pacific Ave. I agree that I will **not** park in the spaces reserved for residents of Sea Pines Apartments, in the Suburban Capital Building's parking lot, or in the parking lot for the professional offices at 303 35th Street. I understand that if I park in any of the previously mentioned restricted areas, I may be ticketed or towed.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to escort my child to and from the designated drop-off area (and into the care of a staff member) each day, and that a staff member must acknowledge that I have either dropped my child off at school, or I have picked him/her up from school.

_____ **TIMELINESS:** I understand that classes begin at Beach Day School at 9am, and pick-up times vary, depending on grade. I agree to make arriving **on time** for drop-off and pick-up a priority, not only because I am ensuring that my child does not miss instruction time, but also because I am teaching my child the importance of respecting the time of others.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick my child up promptly, or arrange for an authorized emergency contact person to pick up upon such notification. I agree that I will **NOT** bring my child to school if he/she has had a fever of more than 100.4, or has vomited or had diarrhea within the last 24 hrs. If my child is exposed to or contracts a contagious condition (i.e., COVID-19, lice, chicken pox, etc.), I agree to notify the school and I understand that my child will be re-admitted according to the re-admission criteria in the Parent Handbook.

_____ **LUNCH/SNACK:** I understand that I must provide my child a healthy snack (or lunch, if appropriate) each school day, including a drink. I will also ensure that my child's lunchbox has his/her name on it.

_____ **POTTY TRAINING:** I understand that all children attending Beach Day School 3's, 4's, or Kindergarten class must be potty-trained and self-sufficient in the bathroom.

_____ **PHOTO RELEASE:** I give my consent for Beach Day School to photograph or video my child or use photograph(s) or videos that already exist of my child that were taken while at school. I understand that said photos or videos may be posted on the school's website, or social media pages. *If you do not give permission for your child's photo or video to be used, please do not initial.*

Section 2: Tuition/Enrollment Policies

_____ **TUTION** I understand that Beach Day's Tuition is an **annual fee**, based on the entire school year, and that the number of days per month that school is in session *is not a factor* in the amount.

_____ **LATE PAYMENT** I understand that if I chose to pay tuition monthly, I will be invoiced on the first of each month (September – April) and payment will be due by the 20th of each month. If payment is late, I understand that I will be assessed a late fee of \$30, and that if no payment has been made after 60 days, my child may not return to Beach Day School until full payment has been made.

_____ **WITHDRAWAL** I understand that if I choose to withdraw my child **BEFORE** the upcoming school year begins, Beach Day School must receive notice by June 1st, so that I may receive my prepaid May 2022 tuition back.

_____ **INCLEMENT WEATHER:** I understand that if inclement weather causes Virginia Beach public schools to close, Beach Day School will also be **CLOSED**. I further understand that if Virginia Beach public schools announce a 2-hr. delay due to weather, Beach Day School will be **OPEN**. I further understand that Beach Day School does **NOT** make up days missed for inclement weather. I agree to look for announcements regarding school closures via email and text, and/or on the school's website and social media pages.

_____ **ENROLLMENT STATUS:** I understand that the Beach Day administration reserves the right to terminate a child's enrollment at any time, if they feel it is in the best interest of the student and/or the general student body. Reasons for terminating a student's enrollment include, but are not limited to: inability of a child to adjust to school, disruptive behavior which makes the learning environment unsafe or not conducive to learning, non-payment of tuition, and misinformation on any registration forms.

Parent Certification: *I have read and understand the above policies, and I will read the Beach Day Parent Handbook. I agree to abide by these policies, along with the standards from the handbook.*

Signature: _____

Date: _____

Beach Day School – Emergency Contact Card

Enrollment 2023-2024



Emergency Contact and Release Persons *(This completed form is required upon registration.)*

Please list the person you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the “Emergency Contact and Release” box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the “Release Only” box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child-care licensing regulations.

Person #1: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #2: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #3: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #4: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

Person #5: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify the school in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Name Of Child: _____ Date: _____

Authorization for Emergency Treatment of Minor Child

This document authorizes emergency medical treatment of minor child (under age 18) in the absence of parent(s) or legal guardian(s). The original completed and signed copy of this form shall be presented by (or on behalf of) the minor. Use one form for each child. *(This completed form is required before your child can be assigned a teacher.)*

AGREEMENT

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. In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release List*, and lastly, my physician.
4. The parent(s)/guardian(s) agree that in case of a medical emergency, the child may receive first aid and/or CPR.
5. The parent(s)/guardian(s) agree that in case of a medical emergency, he/she will be responsible for the emergency medical expenses.
6. The parent(s)/guardian(s) 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.
7. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Name of Child _____ DOB: _____

Parent(s) or Legal Guardian(s) Name: _____

Cell Phone: _____ Work Phone: _____

Parent / Spouse Name: _____ Cell Phone: _____

Preferred Hospital Facility: _____



I, _____, parent or legal guardian of _____,

born the _____ day of _____, 20____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child, while said child is under the care of Beach Day staff members of Beach Day School, City of Virginia Beach, State of Virginia, and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to June 15, 20____.

Please enter current date

Signature of Parent or Legal Guardian, Date

Signature of Witness, Date