



Registration Forms



Happy Home #1
5001 Seminary Road
Suite 109
Alexandria, Va 22311
703-931-1051



Happy Home #2
1400 Duke Street
Alexandria, Va 22314
703-838-2617

Happy Home #3
14330 Gideon Drive
Woodbridge, Va 22192
703-494-1430





5001 Seminary Rd. Suite 109
Alexandria, VA 22311
703-931-1051 Fax 703-931-2472
www.HappyHomeCLC.com

1400 Duke Street
Alexandria, VA 22314
703-838-2617
Fax 703-838-2618

14330 Gideon Drive
Woodbridge, VA 22192
703-494-1430
Fax 703-494-1431

Dear Parent,

We are pleased that you are considering our school for your child. On the next few pages, you will find the application and forms you will need. Here is a brief summary of the application process:

Schedule to Visit

Arrange for a family tour and meet with an administrator. Please call for an appointment, if you have not done so already.

Admissions Application

Read all enclosed materials. Complete and sign the application and send it to us along with the \$100.00 non refundable security deposit. Take the immunization form to your child's physician have him/her fill it out, sign and return to us along with the additional materials including the page that needs to be notarized.

Thank you,

Office of Admissions



(HH#1) 5001 Seminary Rd. Suite #109
 Alexandria, VA 22311
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www.HappyHomeCLC.com

(HH#2) 1400 Duke Street
 Alexandria, VA 22314
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(HH#3) 14330 Gideon Drive
 Woodbridge, VA 22192
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Multiple children (#) ___ **Social Services**

Admissions Application

Child's Name	Nickname	Date of Birth
Address		Home Phone #
Previous Child Day Care Programs and Schools Attended:		
If Child Attends This Center and Another School/Program, Give the Name of School/Program		Grade

PARENTS/GUARDIANS

Mother	DOB	SSN	Place Employed
Home Address		Home Phone #	
Work Phone #		Cell Phone #	Email Address
Father	DOB	SSN	Place Employed
Home Address		Home Phone #	
Work Phone #		Cell Phone #	Email Address
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 #
Person(s) Authorized to Pick Up Child	
Person(s) NOT Authorized to Pick Up Child	
Emergency Contact Person (Someone other than Parent/Guardian)	
Home Address	Home Phone #
Business Address	Business Phone #
Emergency Contact Person (Someone other than Parent/Guardian)	
Home Address	Home Phone #
Business Address	Business Phone #



CONFIDENTIAL INFORMATION CONCERNING APPLICANT'S CHILD

1. Does your child have any chronic health problem? If yes, explain. _____

2. Does your child take any medication on a regular basis? _____

3. Does your child have any allergies? If yes, name specifically. _____

4. Does your child have any fears, and if so, how so you deal with them? _____

5. What foods does your child dislike? _____

6. What are your child's usual nap times and how long does your child usually nap? _____

7. How well does your child deal with other children and what is your child's temperament? _____

8. If you have additional information concerning your child please list it below. _____

9. How did you hear about our schools?
____Advertisement ____Flyers ____Friend ____Word of mouth ____Other referral

AGREEMENTS

1. The parent/guardian give authorization for the child to participate in the Center's transportation and field trips

_____ Parent/Guardian _____ Date

2. The child 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.

_____ Parent/Guardian _____ Date

3. The parent/guardian authorizes the child care center to obtain immediate medical care if an emergency occurs when he or she cannot be located immediately.

_____ Parent/Guardian _____ Date

4. The parent/guardian agrees to notify the center immediately if any one in the child's household has a communicable disease. _____ (Parent's Signature)

5. The center will not administer insect repellent. _____ (Parent's Signature)

6. Diaper Creams and Ointments will only be administered when the parent/guardian completes the medication form. _____ (Parent's Signature)

7. Sunscreens will only be used during the months of June through August with a completed medication form. The center will provide all sunscreens with SPF 30. _____ (Parent's Signature)

_____ Administrator of Center _____ Date

_____ Date Child Entered Center _____ Date Child Left Center

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

Notarized

Acknowledged before me this ___ day of _____, 20___ City/County of _____

_____ Notary Public

My commission expires: _____

OFFICIAL USE ONLY IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof **			

** 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, record from a public school in Virginia, or certification by a principal of his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. 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., 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.