

NORTH STAR CHILD CARE STUDENT CONTACT FORM**CHILD'S INFORMATION**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S) INFORMATION

Father	Place Employed	Business Phone
Home Address		Home/Cell Phone
Mother	Place Employed	Business Phone
Home Address		Home/Cell Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home/Cell Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child		
Email Address:		



5407 Peters Creek Road
Roanoke, VA 24019
(540) 366-3629

North Star Child Care Agreement

1. The parent/guardian gives authorization for the child to participate in North Star Child Care's transportation and field trips, including swimming.
2. North Star Child Care agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up immediately.
3. The parent/guardian authorizes North Star Child Care to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
4. The parent/guardian has received the handbook and agrees to all the rules and regulations of North Star Child Care.
5. The parent/guardian agrees to give one week written notice prior to withdrawing their child from North Star Child Care. Charges will be applied unless notified in writing.
6. The parent/guardian agrees that if this account is delinquent by more than 30 days that the parent/guardian agrees to pay all costs of the collection of this account including court costs and reasonable attorney fees which the parent/guardian agrees shall be thirty three and a third (33 1/3 %) of the outstanding balance of the account.
7. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate family has developed a reportable communicable disease, as defined by the State Board of Health except for life-threatening diseases which must be reported immediately.

SIGNATURES

_____ date

Female parent/guardian

_____ date

Male parent/guardian

_____ date

Administrator

OFFICE USE ONLY- IDENTITY VERIFICATION

Place of Birth _____ /Birthdate _____ /Birth certificate # _____

Date Issued _____ /Other form of proof _____

Date Child Entered Care _____

Date Left Care _____