



Student Application

1132 Pickett Road Norfolk, VA 23502 | 757.447.0686

Date of Application _____ Date of Enrollment _____

Child's Name: First _____ Middle _____ Last _____

DOB _____ Birth Certificate No. _____ Male Female

Parent's relationship to each other: Married Divorced Separated Single

Child lives with (check all that applies): Parents Mother Father Other

Father's Name _____

Phone: Home _____ Cell _____ Work _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Employer Address _____ City _____ State _____ Zip _____

Mother's Name _____

Phone: Home _____ Cell _____ Work _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Employer Address _____ City _____ State _____ Zip _____

AGREEMENTS

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 Blue Ribbon Results, to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians 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.

Previous Preschool Experience: _____

Family's Ethnic Background? _____ Religion? _____ Language? _____

Blue Ribbon's Notice of Nondiscriminatory Policy As To Students

Blue Ribbon Results CCC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and any other school-administered programs.

PHOTOGRAPHING / VIDEO CONSENT

I herein grant permission for my child(ren) _____ to be photographed and / or videotaped while participating in activities sponsored by the Blue Ribbon Results Preschool. Furthermore, I also give permission for the photos and / or video to be utilized in materials (including the church website) for promotional purposes as long as my child(ren) are not identified by name. I also agree to hold harmless the above named parties for any injuries arising from the process of acquiring the media or from its use.

Parent / Guardian Signature Date

TRANSPORTATION RELEASE

It is understood that parents / guardians already have authorization to pick up their child from preschool. Please list below, relatives, friends, and parents without custody who you authorize to pick-up your child from preschool. All individuals must present a picture I.D. in order for your child to be released to them. Only custodial parents / guardians may make changes to this list of authorized individuals.

Name _____ Relationship to Child _____

Phone: Home _____ Cell _____ Work _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Name _____ Relationship to Child _____

Phone: Home _____ Cell _____ Work _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Please list all spouses/ex-spouses, non-custodial parents, grandparents, family members, and/or friends who cannot pick up your child from preschool:

Is there legal documentation to support this request? Yes No Type of document? _____

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

FOR OFFICE USE ONLY

Registration Fee Paid: Check # _____ Parental Permission & Release Form
 Parent Agreement & VA Health Form Sent Back to School Notice Sent Class _____