

Calvary Children's School, Inc.

2315 S. Grant St. Arlington, VA 22202

(703) 892-4112 www.calvarymethodist.org

2024-2025
Registration form

For school use	Date	Number
Identification check		
TB screening		
Physical (within 1 year)		
Physician Stamp		

Days requested:
Mondays _____
Before Care _____
After Care _____
Tuesday-Friday _____

Child's First and Last Name	Nickname	Sex	Birth date
Address (with city and zip code)	e-mail:	Phone	
Parent's first and last name	Occupation	Work Phone	
Work Address	Home Address (if different from child's)		
Parent's first and last name	Occupation	Work Phone	
Work Address	Home Address (if different from child's)		
Persons or Agency having legal custody of child			
Persons authorized to pick up child:			
*we still request written authorization when someone other than the regular caregiver is picking up			

Persons NOT authorized to pick up child (appropriate paperwork i.e. divorce decree must be attached if a parent is not allowed to pick up the child):

If child attends this school and another program/school, give the name of the program/school:

Allergies or intolerances to food, medication, etc. and action to take in an emergency:

Child's Physician:

Phone Number

Insurance Company/Policy number

Children will be transported to the closest hospital – per EMT, if medical transport is necessary

Chronic Physical problems and pertinent developmental information:

Names, address, and phone numbers of two (2) people to contact if parents cannot be reached (this MAY NOT be a parent.) These contacts are available at this number during school hours.

Name

Address

Phone Number

1.

2.

AGREEMENTS

1. Calvary Children's School 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.
2. The parent/guardian authorizes Calvary Children's School to obtain immediate medical care if any emergency occurs when he/she cannot be located.
3. The parent/guardian authorizes the Calvary Children's School staff to walk with this child to Nina or Nellie Custis Park for outside play, and for neighborhood walks.
4. The parent/guardian agrees to notify the school if anyone in our household has a reportable communicable disease.
5. The parent/guardian has read and agrees to all policies determined by the school including parent policies. I understand policies may change based on needs of the school and children.

Parent or guardian

Date

Director

Date

Date child entered care

Date child left care