

Parent & Emergency/Notification Information

Mother/Stepmother/Female Guardian: Place of employment, address, phone contact:

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work Phone: _____

Father/Stepfather/Male Guardian: Place of employment, address, phone contact:

Employer: _____ Occupation: _____ Work Hrs: _____ AM to _____ PM

Employer's address: _____ Work Phone: _____

Secondary Emergency Contacts:

Can Pick Up Child?

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Name: _____ Relationship: _____ Phone: _____ Yes No

Custody Concerns (official documents required): _____

Medical or Handicapping conditions, allergies, etc. _____

Student is on the following medications: _____

Student's Doctor's Name: _____ Phone Number: _____

In the event of an emergency, every effort will be made to contact the parent(s) or guardian(s) immediately. Failing contact, we will contact the emergency contact persons listed above in order until someone is notified. If the student is seriously ill or injured, however, and requires absolute immediate medical attention, they will be transported to the nearest emergency room.

Preschool Experience		
<input type="checkbox"/> Coordinated Pre-K Classroom	<input type="checkbox"/> Virginia Preschool Initiative	<input type="checkbox"/> Title 1 Pre-K
<input type="checkbox"/> Head Start	<input type="checkbox"/> Coordinated Special Education	<input type="checkbox"/> Special Education Only
<input type="checkbox"/> Government -Tuition Charged	<input type="checkbox"/> Private Provider	<input type="checkbox"/> Licensed Home Daycare
<input type="checkbox"/> No Formal or Institutional PK	<input type="checkbox"/> Other	<input type="checkbox"/> Data Not Provided
PK <u>Weekly</u> Time: <input type="checkbox"/> No Time in formal PK program <input type="checkbox"/> Less than 15 hours per wk		
<input type="checkbox"/> 15 hours or more, but less than 30 hours per wk <input type="checkbox"/> 30 or more hours per wk		

I have provided the school with the following items and information:

- This initial student enrollment & registration form
- Valid Virginia Certificate of Physical Examination & Immunizations
- Valid Certified Birth Certificate (school will make a copy and return original)
- Enrolling student's Social Security number (show official card)
- Proof of Radford City residency (copy of Utility Bill, Lease, Deed, etc)

Parent/Guardian

Date

Parent/Guardian

Date