



STUDENT / FAMILY INFORMATION

Student: _____ Preferred Name/Nickname: _____
Birthdate _____ Boy _____ Girl _____ Place of birth: _____
Address: Street: _____
City: _____ Zip: _____
After-School Students: School: _____ Grade: _____

Parent/Guardian (1): _____ *(This person will receive all notifications)*
Home Phone: _____ Mobile Phone: _____
Email: _____
Employer: _____ Work Phone: _____
Address (if different from above): Street: _____
City: _____ Zip: _____

Parent/Guardian (2): _____ Receive Notifications: Yes _____ No _____
Home Phone: _____ Mobile Phone: _____
Email: _____
Employer: _____ Work Phone: _____
Address (if different from above): Street: _____
City: _____ Zip: _____

EMERGENCY CONTACTS (Two contacts must be provided)

Emergency Contact (1): _____ Relation: _____
Home Phone: _____ Mobile Phone: _____
Email: _____
Address (if different from above): Street: _____
City: _____ Zip: _____ Work Phone: _____

Emergency Contact (2): _____ Relation: _____
Home Phone: _____ Mobile Phone: _____
Email: _____
Address (if different from above): Street: _____
City: _____ Zip: _____ Work Phone: _____

Other people authorized to pick up: _____

People NOT authorized to pick up or visit: _____

Student: _____

Student / Family Information (cont)

EMERGENCY INFORMATION

Allergies or intolerance to food, disorders, medical problems:

Insurance Company: _____ Date Insured: _____

Group #: _____ Policy #: _____

Pediatrician/Family MD: _____ Phone: _____

Special Emergency Instructions: _____

AGREEMENTS

- The parent/guardian gives authorization for the student to participate in field trips (students 4yrs & over)
- The parent/guardian gives authorization for Tuckaway to take and use photography/video of the student for use in Tuckaway publications and promotional media.
- The parent/guardian authorizes Tuckaway to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
- Tuckaway agrees to notify the parent/guardian whenever the student becomes ill, and the parent/guardian agrees to pick up thereafter as soon as possible.

I have read and fully understand all of the policies set forth in the Parents' Handbook, informational sheets and implied policies given verbally. If withdrawn, 2 weeks prior notice or fee for 2 weeks will be paid. Fees incurred for non-payment are the responsibility of the parent/guardian. I understand that fee amounts are subject to change when deemed necessary. I understand that the Tuckaway's accident insurance policy is a supplemental policy.

Parent/Guardian (1): _____ Date: _____

Parent/Guardian (2): _____ Date: _____

TUCKAWAY OFFICE USE ONLY			Start Date _____
Immunization Records Received: _____ Admin Initials	Copy of Identity Record Received: _____ Admin Initials	Identify Verification Information Recorded _____ Admin Initials	Student's Previous Provider _____ _____
or			
Tuckaway Administrator: _____			Date: _____

<u>REVIEWED / UPDATED</u>
Parent Initial: _____ Date: _____
Parent Initial: _____ Date: _____
Parent Initial: _____ Date: _____
Parent Initial: _____ Date: _____

Proof of the student's identity and age may include a certified copy of the student'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 student's identity from a child placing agency, record from a public school in Virginia, or certification by a Principal or his designee of a public school in the U.S. that a certified copy of the student's birth record was previously presented. Viewing the student's proof of identity is not necessary when the student attends a public school in Virginia and Tuckaway assumes responsibility for the child directly from the school (i.e. After School Program) or Tuckaway transfers responsibility of the child directly to the school (i.e. Before School Program). While programs are not required to keep the proof of the student's identity, documentation of viewing this information must be maintained for each student.