# Solnishko Russian School Agreement

44140 RIVERPOINT DRIVE, LANSDOWNE, VA 20176

### THIS FORM COMPLIES WITH THE MINIMUM STANDARDS AND THE COMPLETED FOR SHALL BE KEPT IN THE CHILDS’S RECORD.

### A COPY OF PART II AND PART III SHALL BE GIVEN TO THE PARENT (S) OR GUARDIAN IF REQUESTED.

CHILD’S INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD:       | NICKNAME:       | MALE [ ]  FEMALE [ ]  | BIRTH DATE:       |

|  |  |
| --- | --- |
| STREET ADDRESS:       CITY:       STATE:    ZIP:       | HOME PHONE:       |
| ALLERGIES, CHRONIC PROBLEMS, DISEASES, DEVELOPMENTAL INFORMATION, SPECIAL NEEDS:      |
| IF CHILD ATTENDS SCHOOL/PROGRAM, GIVE NAME OF SCHOOL/PROGRAM:      | GRADE:       |
| NAMES AND LOCATIONS OF PREVIOUS CHILD DAYCARE PROGRAMS ATTENDED:      |

PARENT / GUARDIAN INFORMATION

|  |  |  |
| --- | --- | --- |
| FATHER:       | PLACED EMPLOYED:       | BUS PHONE:       |
| BUSINESS ADDRESS:       | CELL PHONE:       |
| HOME ADDRESS:       | HM PHONE:       |
| MOTHER:       | PLACE EMPLOYED:       | BUS PHONE:       |
| BUSINESS ADDRESS:       | CELL PHONE:       |
| HOME ADDRESS:       ENTER ‘SAME’ IF SAME AS FATHER | HM PHONE:       |
| PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD:       |
| HOME ADDRESS IF DIFFERENT:       | HM PHONE:       |
| BUSINESS ADDRESS IF DIFFERENT:       | BUS PHONE:       |

EMERGENCY INFORMATION

|  |  |  |
| --- | --- | --- |
| CHILD’S PHYSICIAN:       | ADDRESS:      | PHONE:       |
| CITY:       STATE:     ZIP:       |
| EMERGENCY CONTACT:       | ADDRESS:      | PHONE:       |
| CITY:       STATE:     ZIP:       |
| PERSON(S) AUTHORIZED TO VISIT, CALL, OR PICK UP CHILD:       |
| PERSON(S) NOT AUTHORIZED TO VISIT, CALL, OR PICK UP CHILD \* :       |

\*APPROPRIATE CUSTODIAL PAPERWORK SHALL BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP THE CHILD.

TAKEN FROM COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

LOCAL REVISION NUMBER 5/13

PART II. AGREEMENT TO BE COMPLETED BY PARENT(S) OR GUARDIAN (S)

I hereby agree to place       in the care of Solnishko Russian School.

I agree to pay $       per month regardless of the number of classes held.

Payments are to be made MONTHLY.

I agree to arrange for the necessary medical examination and immunizations for my child prior to or within 30 days after enrollment and I will provide updated Immunization reports as required thereafter.

I understand that in the case of an emergency due to illness the provider will contact the parent(s) or guardian; if the parent(s) or guardian cannot be reached, the provider will notify the emergency contact to pick up the child.

I authorize Solnishko Russian School to obtain immediate medical care for my child if an emergency occurs and I cannot be located immediately. I have completed, signed, and dated the child’s emergency medical authorization form.

I authorize the Solnishko Russian School to provide or arrange for emergency transportation to Inova Loudoun Hospital or the nearest emergency medical facility if an emergency occurs and I cannot be located immediately.

I authorize the Solnishko Russian School to use a substitute provider as necessary.

I agree to allow a provider, substitute provider or an assistant to transport my child as necessary.

I have reviewed the discipline policy including the acceptable and unacceptable discipline methods.

In addition, I agree to provide the following (specify):

Other agreements or acknowledgements:

Signature of Parent(s) or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAKEN FROM COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

LOCAL REVISION NUMBER 5/13

PART III. AGREEMENT TO BE COMPLETED BY SCHOOL ADMINISTRATOR

I agree to notify the parent(s) or guardian if they can be located, or the designated emergency contact named in Part I, whenever the child develops symptoms of an illness or exposed to a communicable disease as defined in Part VI, Article 3 of the Minimum Standards for Licensed Family Day Homes.

I agree to notify the parent(s) or guardian immediately of major injuries or accidents. I will report minor injuries and accidents to the parent(s) or guardian on the day that these occur.

I agree to obtain immediate medical care for a child if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to provide or arrange for emergency medical transportation to Inova Loudoun Hospital or the nearest emergency medical facility if an emergency occurs and the parent(s) or guardian cannot be located immediately.

Other agreements or acknowledgements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Place of Birth      | Birth date      | Birth Certificate Number      | Date Issued      |
| Other Form of Proof of Age and Identity      | Date Documentation Viewed      |

Signature of School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: 44140 Riverpoint Drive, Lansdowne, VA 20176

TAKEN FROM COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

LOCAL REVISION NUMBER 5/13