

**New Hanover Christian School**  
**10058 Chamberlayne Road**  
**Mechanicsville, VA 23116**  
**804-427-6418**

**Student Information**

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male/Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Chronic Physical Issues/Pertinent Developmental Information/Special Accommodations Needed:

\_\_\_\_\_

Previous Child Day Care Programs and Schools Attended: \_\_\_\_\_

**Parent(s)/Guardian(s)**

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Emergency Information**

Allergies or Intolerance to Food, Medication, etc., and action to take in an emergency: \_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Alternate Emergency Contacts if Parents cannot be reached:

1. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Person(s) Authorized to Pick Up Child: \_\_\_\_\_

Person(s) PROHIBITED from Picking Up Child\*: \_\_\_\_\_

\*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 unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**NHCS admits students without regards to race, sex, religion, nationality, or ethnic origin.**

**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 requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardian(s) agree to inform the child day center within 24 hours or the next business day after his/her 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.

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

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

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**Class Choice**

We assign classes on a first come, first serve basis. The registration fee secures your place and is **NON-REFUNDABLE**.

\_\_\_\_ 2.5 year old class (Tues/Thurs) **2 Days**

\_\_\_\_ 3 year old class (Tues/Thurs) **2 Days**

\_\_\_\_ 3 year old class (Mon/Wed/ Fri) **3 Days**

\_\_\_\_ 4 year old class (Mon/Wed/Fri) **3 Days**

-----4 year old class (Mon-Fri) **5 days**

\_\_\_\_ Junior Kindergarten (Mon-Fri) **5 days**

**Office Use Only**

**Identity Verification**

If proof of identity is required and a copy is not kept, please fill out the following:

Place of birth: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Birth Certificate Issue Date: \_\_\_\_\_

Other Form of Proof: \_\_\_\_\_ Date Document View: \_\_\_\_\_

Person Viewing Document: \_\_\_\_\_