

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

**Office Use Only**

Deposit Paid: \_\_\_\_\_  
Method of Payment: \_\_\_\_\_  
Cash/Check# \_\_\_\_\_

**Student Information**

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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/or Schools Attended: \_\_\_\_\_

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

Parent/Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

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

Parent/Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

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

Siblings and Ages: \_\_\_\_\_

**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 & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_ 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, gender, religion, nationality, or ethnic origin.

## **Agreements**

1. To complete enrollment, please bring birth certificate, VA school entrance health form (available at pediatrician office) or NHCS medical form, and a copy of vaccination record before the start of school.
2. The school 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.
3. 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.\*\*
4. 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: \_\_\_\_\_

\*\*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.

### **Photo Release:**

At NHCS, we routinely document the students' work and activities through videos and pictures. Images may appear in a private password-protected, invite-only, classroom website or publicly on our school website or Facebook page. Should you have any objections to your child's image being displayed privately or publicly, please note them below.

\_\_\_\_\_(Initials) No objection

\_\_\_\_\_(Initials) I do not wish my child's image to be displayed on a private, password-protected website.

\_\_\_\_\_(Initials) I do not wish my child's image to be displayed on the school's public website or Facebook page.

## **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-Thu) **4 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 Viewed: \_\_\_\_\_

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