

WESTGATE CHILD CENTER
1609 GREAT FALLS STREET * MCLEAN * VIRGINIA 22101.
(703) 893 - 6372 * Fax 821 - 2126.
Hours of Operation: 7:00 AM to 6:30 PM

RE- REGISTRATION FORM 2011-2012

1. Child's Name: _____ Date Admitted : _____

Date of Birth: ___/___/____

Sex: (Circle) - M or F

2. Mother's Name / (Guardian): _____

Address: _____ Home Phone # _____
_____ Cell Phone # _____

Employer & Work Address: _____ Work Phone # _____
_____ E-Mail Address: _____

3. Father's Name / (Guardian): _____

Address: _____ Home Phone # _____
_____ Cell Phone # _____

Employer & Work Address: _____ Work Phone # _____
_____ E-Mail Address: _____

4. Person (s) having legal custody of child: _____

5. Child's Physician: _____ Phone # _____

6. Allergies to food and medication: _____

7. Chronic Physical problems or pertinent developmental information : _____

8. Name of 2 persons to contact if parents/guardians listed above cannot be reached.

Name: _____ Phone # _____
Address: _____
Relationship to child: _____

Name: _____ Phone # _____
Address: _____
Relationship to child: _____

9. Person/s authorized to pick -up: _____

10. Do you authorize Westgate Child Center to allow the child to participate in duly authorized field trips when feasible. _____

1. Westgate Child Center agrees to notify the parent/guardian whenever the child becomes ill and the parent /guardian will arrange to have the child picked up as soon as possible if so required by the Center.

2. The parent/guardian authorizes the Center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

3. Parent/guardian will inform the Center within 24 hours or next business day after his child or any member of the immediate household had developed any reportable communicable diseases.

4. In compliance with the I.R.S. requirements, WCC is required to compile racial/ethnic information:

You are requested to check one of the following :

Caucasian ___ Hispanic ___ Asian & Pacific Islander ___ Am. Indian___

White___ Black___ Racially mixed /Other___

SIGNATURES

Parents or Guardian: _____ Date: _____

Administrator of Center: _____ Date: _____

Date Child Entered Care : _____ Date Left Care : _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof (Passport etc.): _____

WESTGATE CHILD CENTER

RE-REGISTRATION REMINDER

May 21, 2010

Dear Parents,

Please complete the Re-Registration Form (with updated information) and return it to the Office no later than June 16th, with a \$25.00 fee. It is important to return the form on time if you wish to retain your slot, as there is a long waiting list.

Parents who wish to withdraw their child for a short period during summer must talk to the Director for availability of space on their return and fill up a new Registration Form with a \$50.00 registration fee.

Thank you for your cooperation.

Sincerely,

Lynda Grey
Director