Happy Home

Christian Leadership Academy for Early Learners, Inc.

5001 Seminary Road, Suite #109
Alexandria, VA 22311

naeyc Accredited

Virginia Quality
Committed to Quality Early Learning

Application Form

There are seeds of **GREATNESS** *in every child.*
We must plant a **KNOWLEDGE,**
Water a **CREATIVITY,**
Model **LOVE**, *and we will reap a* **DESTINY**
that can **CHANGE THE WORLD.**

- *Dr. Deborah L. Tillman*

☐ **OFFICIAL START DATE:**_____
(TO BE COMPLETED BY THE DIRECTOR)
***If parent changes start date for any reason, parent will still be responsible for full tuition payment.**_____
Parent's Signature

NON-REFUNDALE REGISTRATION: FEE (100.00)
NON-REFUNDABLE ACTIVITY FEE ($100.00)
NON-REFUNDABLE COT FEE ($20.00)

☐ **Multiple children** (#) ___ ☐ **Social Services**

ADMISSION APPLICATION

Child's Name	Nickname	Date of Birth	Today's date
Address		Home Phone #	
Previous Child Day Care Programs and Schools Attended:			
If Child Attends This Center and Another School/Program, Give the Name of School/Program			Grade

PARENTS/GUARDIANS

Mother	DOB	SSN	Place Employed
Home Address		Home Phone #	
Work Phone #		Cell Phone #	Email Address
Father	DOB	`SSN	Place Employed
Home Address		Home Phone #	
Work Phone #		Cell Phone #	Email Address
Person(s) or Agency Having Legal Custody of Child			
Home Address		Home Phone #	
Business Address		Business Phone #	

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and **Action to Take in an Emergency**	
Child's Physician	Phone #
Person(s) Authorized to Pick Up Child	
Person(s) NOT Authorized to Pick Up Child	
Emergency Contact Person (**Someone other than Parent/Guardian**)	
Home Address	Home Phone #
Business Address	Business Phone #
Emergency Contact Person **(Someone other than Parent/Guardian)**	
Home Address	Home Phone #
Business Address	Business Phone #

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CONFIDENTIAL INFORMATION CONCERNING APPLICANT'S CHILD

1. Does your child have any chronic health problem? If yes, explain. _____

_____

_____

2. Does your child take any medication on a regular basis?_____

_____

_____

3. Does your child have any allergies? If yes, name specifically._____

_____

_____

4. Does your child have any fears, and if so, how so you deal with them?_____

_____

_____

5. What foods does your child dislike?_____

_____

_____

6. What are your child's usual nap times and how long does your child usually nap?_____

_____

_____

7. How well does your child deal with other children and what is your child's temperament?_____

_____

_____

8. If you have additional information concerning your child please list it below._____

_____

_____

9. How did you hear about our schools?

____Advertisement ____Flyers ____Friend ____Word of mouth ___Other referral

10. Do you agree to take a Parenting Course at Happy Home Christian Leadership Academy?

___Yes ___No

11. Your 30-day meeting with the Director has been scheduled for _____

AGREEMENTS

1. The parent/guardian give authorization for the child to participate in the Center's transportation and field trips

_____ _____
Parent/Guardian Date

2. The child care 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 requested by the center.

_____ _____
Parent/Guardian Date

3. The parent/guardian authorizes the child care center to obtain immediate medical care if an emergency occurs when he or she cannot be located immediately.

_____ _____
Parent/Guardian Date

4. The parent/guardian agrees to notify the center immediately if any one in the child's household has a communicable disease. _____ (Parent's Signature)
5. The center will not administer insect repellent._____(Parent's Signature)
6. Diaper Creams and Ointments will only be administered when the parent/guardian completes the medication form. _____ (Parent's Signature)
7. Sunscreens will only be used during the months of June through August with a completed medication form. The center will provide all sunscreens with SPF 30. _____ (Parent's Signature)

_____ _____
Administrator of Center Date

_____ _____
Date Child Entered Center Date Child Left Center

If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

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FOR OFFICIAL USE ONLY
IDENTITY VERIFICATION

PLACE OF BIRTH	BIRTH DATE	BIRTH CERTIFICATE NUMBER	DATE ISSUED
Other FORM of Proof			

** Proof of the child's identity and age may include a certified copy of the child'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 child's identity from a child pacing agency. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

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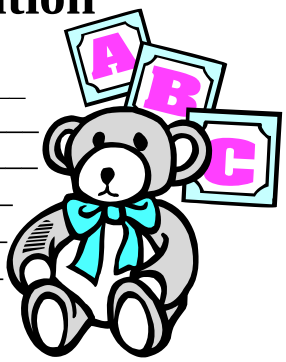
Happy Home Child Emergency Information



Child's Name: _____
Birthday: _____
Home Address: _____
Home Phone: _____
Child's Health Insurance: _____
ID #: _____ Group #: _____
Mother's Name: _____
Father's Name: _____

Important Phone Numbers:

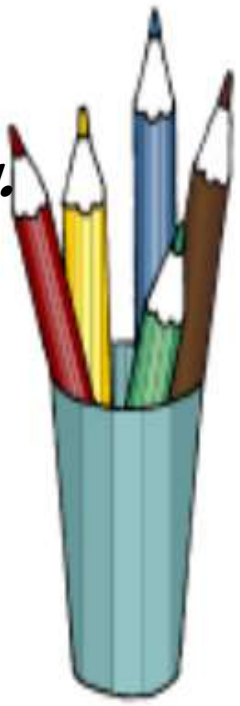
Father: Home_____ Work: _____ Cell: _____
Email Address: _____
Mother: Home_____ Work: _____ Cell: _____
Email Address: _____

Alternate Emergency Contact Person(s): ***Someone Other Than Parents***

Name: _____ Phone: _____
Email Address: _____
Name: _____ Phone: _____
Email Address: _____

HAPPY HOME MOTTO

I'm a Happy Home VIP
I'll go down in HISTORY
My goal is to do my BEST
So I can compete with all the REST
By working hard in everything I DO
The reports will be good Yes, this is TRUE
I'll make sure my appearance is always GOOD
This is something that is surely UNDERSTOOD
The idea is to do well I KNOW
So that someday I can excel and GROW
Yes, I'm a Happy Home VIP
Therefore, I will always be the BEST I can BE.



Prayer:
God loves the little children of the world.
Red, Yellow, Black and White all are
Precious in His Sight.
~ AMEN

Happy Home
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5001 Seminary Rd. Suite #109
Alexandria, VA 22311
703-931-1051 Fax 703-931-2472
www.HappyHomeCLC.com

SY 2019 - 2020

Holidays & Teacher'S Retreat/Seminars (School is Closed)

SEPTEMBER 2nd, 2019 (MONDAY) LABOR DAY
OCTOBER 14th (MONDAY) COLUMBUS DAY
NOVEMBER 11th (MONDAY) VETERANS DAY
NOVEMBER 28th (THURSDAY) THANKSGIVING DAY
NOVEMBER 29th (FRIDAY) DAY AFTER THANKSGIVING
DECEMBER 24th (TUESDAY) CHRISTMAS EVE
DECEMBER 25th (WEDNESDAY) CHRISTMAS DAY
DECEMBER 31st (TUESDAY) NEW YEAR'S EVE
JANUARY 1st, 2020 (WEDNESDAY) NEW YEAR'S DAY
JANUARY 20th (MONDAY) MARTIN LUTHER KING JR.'s DAY
FEBRUARY 17th (MONDAY) PRESIDENTS' DAY
APRIL 10th (FRIDAY) GOOD FRIDAY
MAY 21st & 22nd (THURSDAY & FRIDAY) PROFESSIONAL DEVELOPMENT
MAY 25th (MONDAY) MEMORIAL DAY
JULY 3rd (FRIDAY) INDEPENDENCE DAY
SEPTEMBER 3rd & 4th (THURSDAY & FRIDAY) TEACHER'S RETREAT
SEPTEMBER 7th (MONDAY) LABOR DAY