

# Arlington Unitarian Cooperative Preschool

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4444 Arlington Boulevard  
Arlington, Virginia 22204  
703/892-3878

## Registration Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

### Parents

**Parent's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cellular Phone and/or Pager: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_ Location (City) Of Business: \_\_\_\_\_

Primary Contact for Co-oping Parent in Case of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cellular Phone and/or Pager: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_ Location (City) of Business: \_\_\_\_\_

Primary Contact for Co-Oping Parent in Case of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Person(s) or Agency Having Legal Custody of Child:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone and/or Pager: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_ Location (City) of Business: \_\_\_\_\_

**Emergency Information:**

Allergies or intolerance to food, medication, etc., and action to take in an emergency \_\_\_\_\_

Chronic Physical Problems and Pertinent Developmental Information \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ ID Number: \_\_\_\_\_

Names, Addresses and Phone Numbers of Two People to Contact if Parents Cannot Be Reached:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Person is Authorized to Pick-Up Your Child (Please Check Yes or No): Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Person is Authorized to Pick-Up Your Child (Please Check Yes or No): Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Person(s) Authorized to Pick Up Child (Include Phone Numbers): \_\_\_\_\_

Person(s) NOT Authorized to Pick Up Child. Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child: \_\_\_\_\_

Name any program or individual responsible for bringing or picking up your child on a regular basis: \_\_\_\_\_

**Agreements:**

The parent/guardian agrees to abide by all the rules of the cooperative as described in the Parent Manual, to pay all applicable tuition fees as scheduled, and to provide classroom administrative and maintenance services as required by cooperative rules. The parent/guardian understands that the rules and fees may be changed by vote of the Board or membership and are effective after notice to the members. Parents/guardians who do not wish to abide by a change have the option to give 30 days written notice of their intention to withdraw and then they may withdraw their child.

If notified that your child is ill while at school, the parent/guardian agrees to pick up the child as soon as possible. The parent/guardian understands that AUCP is unable to care for children who cannot participate in class activities. If a child is ill or the parent/guardian does not want the child to participate in a class activity such as a field trip, the parent/guardian will not send the child to school.

The parent/guardian gives authorization for the child to participate in field trips taken by the child's class.

Yes \_\_\_\_\_ No \_\_\_\_\_

The parent/guardian maintains adequate insurance coverage and may be called on to drive on field trips.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director/Administrator \_\_\_\_\_ Date \_\_\_\_\_

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