



2024 SPLASH CAMP REGISTRATION FORM

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.

Person(s) Authorized To Pick Up Child
Person(s) <u>NOT</u> Authorized To Pick 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 that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

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

SIGNATURES

_____ *Parent(s) or Guardian(s) Date*

_____ *Administrator of HVA Splash Camp Date*

First Date of Attendance: _____ Last Date of Attendance: _____

** 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.

**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	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____ *Date*

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 placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). 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.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..



Reference Sheet: Allergies, Sensitivities or Dietary Restrictions

Date	Child's Name	Allergies, Sensitivities or Dietary Restrictions



Authorization Form for Non-prescription Over-the-Counter Skin Products 8VAC20-780-520

INSTRUCTIONS:

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

Hampton Virginia Aquaplex has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child

Child's Name: _____

Product Name: _____

Known Adverse Reactions (if any): _____

■ **All OTC products must:**

- o Be in the original container and, if provided by the parent, labeled with the child's name
- o Be used according to manufacturer's recommendation and instructions for application
- o Not be used beyond the expiration date of the product

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Sunscreen:

- o Must have a minimum sunburn protection factor (SPF) of 15
- o Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
- o Children nine yrs. and older may self administer sunscreen if supervised

■ **Diaper ointment/cream and Insect repellents:**

- o Shall be kept inaccessible to children
- o Record of use shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions

This authorization is effective from: _____ until: _____

(Start date)

(End date)

Parent's Signature: _____ Date: _____ (05/2024)



ALLERGY CARE PLAN FOR A CHILD WITH DIAGNOSED FOOD ALLERGIES

Child's Name: []	Child's Date of Birth: []
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Name of the Child's Health Care Provider: []

Food Allergies: []

Steps to be taken in the event of a suspected or confirmed allergic reaction: []

Signature of Authorized Program Representative: I understand that it is my responsibility to follow the above plan. This plan was developed in close collaboration with the child's parent and the child's health care provider. I understand that staff who provide all treatments and administer medication to the child listed in the allergy care plan must have received Medication Administration Training; is CPR and first aid certified; or has a license that exempts them from training; and have received any additional training needed.

Provider/Facility Name: []	Facility address: []	Facility Telephone Number: []
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Authorized child care provider's name (please print) []	Date: []
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Authorized child care provider's signature: []

Signature of Parent or Guardian: []	Date: []
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Signature of Health Care Provider: []	Date: []
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