



FOR DIRECTOR'S USE ONLY:
 Date Received: _____ Registration fee paid by: Cash Check # _____ ACH
 Payment rec'd _____ Cash Check # _____ ACH

APPLICATION FOR ADMISSION / EMERGENCY CARE AUTHORIZATION

Student: _____ DOB: _____ Grade: _____ HR Teacher: _____
 _____ DOB: _____ Grade: _____ HR Teacher: _____
 _____ DOB: _____ Grade: _____ HR Teacher: _____

Parent/Guardian Name(s): _____

Address: _____

Mom Cell: _____ Cell Phone Carrier: _____ receive text alerts

Dad Cell: _____ Cell Phone Carrier: _____ receive text alerts

E-Mail Address: _____

Emergency Contact (other than parents):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

List previous school(s) child has attended: _____

Name of Family Physician _____ Phone _____

Allergies or history of unusual health issues _____

Please indicate of NONE

The VHBC Preschool Staff has my permission to obtain emergency medical treatment for my child.

When I cannot be contacted, the VHBC Preschool Staff has my permission to call my family physician or emergency services should a need arise.

I understand that **changing** or **dropping** after October 1, 2018 will **NOT** reduce the original financial obligation in the event of vacancies cannot be filled from waiting list. I further agree to pay all legal expenses incurred in collecting unpaid school fees.

REQUIRED Signature of Parent: _____ Date: _____

Please register my child(ren) for:

	BEFORE SCHOOL	AFTER SCHOOL	BOTH
BUSH HILL ELEMENTARY			
CAMERON ELEMENTARY			
CLERMONT ELEMENTARY			
FRANCONIA ELEMENTARY			
HAYFIELD ELEMENTARY			
ROSE HILL ELEMENTARY			

****ROSE HILL STUDENTS MUST COMPLETE FCPS BUS FORM**