

CHILD REGISTRATION FORM 2024-2025



2700 Pocahontas Trail, Suite 11, Quinton, Virginia 23141 804.557.2486
2587 New Kent Highway, Quinton, VA 23141 804.557.3773
Website address www.newkentca.com Email Address info@newkentca.com

Child's Full Name: _____
(First) (Middle) (Last)

Child's Nickname: _____ Age: _____ Birthday: _____ Sex: _____

Street Address: _____
City: _____ State: _____ Zip Code: _____

Father/Legal Guardian : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work: _____

Mother/Legal Guardian : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work: _____

Emergency Information

Allergies and/or Intolerance to Food, Medication etc. and Action to Take in an Emergency:

Name of Child's Physician: _____ Phone: _____

In case your child needs hospital care which hospital would you prefer: _____

Person (s) to contact if Parents/Guardian Cannot Be Reached:

Name	Relationship	Address	Home Phone	Cell Phone

Person (s) Authorized to Pick Up Child:

Name	Relationship	Address	Home Phone	Cell Phone

Person's NOT Authorized to Visit OR Pick Up Child:

Any other information we should know:

Has your child attended Preschool or a Before/After School Program/Facility?

If so, please list facility(ies) attended:

Agreement:

1. NKCA agrees to notify the parent whenever the child becomes ill and the parent agrees to pick the child up within 1 hour.
2. The parents/guardians authorize NKCA to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

Parent/Guardian: _____ Date: _____

School Director: _____ Date: _____