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Forest Hill Presbyterian Child Care Center



4401 Forest Hill Ave
Richmond, VA 23225

Registration Information 2024

Child's Name: First: _____ Middle: _____
Last: _____

Name Used/Preferred: _____ Allergies: _____ Has **EpiPen/AUVI-Q** (pls.circle)

Birthday: Month: _____ Date: _____ Year: _____ Age: _____ Gender: _____

Please fill out the following as you would like it to appear in the 2024 Student Directory.

Parent Names: _____

1st Email: _____ 2nd Email: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Subdivision: _____

The child lives with: _____ both parents _____ mother _____ father _____ other

1st Contact Parent: Mr. / Mrs. / Ms. / Dr.

2nd Contact Parent: Mr. / Mrs. / Ms. / Dr.

Relationship to Child: _____

Relationship to Child: _____

Place of Employment: _____

Place of Employment: _____

Title: _____

Title: _____

First Contact #: H/W/C _____

First Contact #: H/W/C _____

Second Contact #: H/W/C _____

Second Contact #: H/W/C _____

Siblings: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Previous preschool experience: _____

Are you a Forest Hill Church member? _____

Emergency Information:

Emergency contact #1 - Name/ Phone Number/ Relationship : _____

Emergency contact #1 - Name/ Phone Number/ Relationship : _____

Name of Child's Doctor: _____ Phone: _____

Adults Authorized to pick up child _____

Class Options:

Full-time

_____ 18 months

_____ 2 's

_____ 3 's

_____ 4's

_____ 5's

Part-time (circle one)

_____ 18 months

_____ 2's

_____ 3's

7:30-12:30

12:30 – 5:30

_____ 4's

_____ 5's

I'm interested in an alternative schedule such as:

Alternative formats are contingent on teacher ratios and space.

Class Preferences

1. No Preference: _____

2. I would like my child to be with a particular teacher: _____

3. I would like my child to be with a friend: _____

****Please discuss with us at the time of registration, any special needs your child may have.***

Medical History:

Yes/No or Vaccinated

Measles _____

Mumps _____

Chicken Pox _____

Action to be taken in the event of an allergic reaction _____

Hearing concerns: _____

Hospitalizations: _____

Vision concerns: _____

Other illnesses: _____

Speech concerns: _____

SIGNED: _____ **DATE:** _____

Permission Forms

The Child Care Center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible.

the parent/guardian authorizes FHPC Child Care Center to obtain immediate care if an emergency occurs when they cannot be located immediately, or the family physician cannot be reached. Permission is given under these circumstances for the treatment by another doctor at the emergency room of the hospital.

Parent/Guardian Signature

Field Trips: Field trips and walks are a regular part of our program and carefully supervised. Walks in the neighborhood are often taken without previous planning, but parents will always be notified by teachers before each trip when children are to be transported by car or bus.

My child may leave the center for walks or field trips.

Parent/ Guardian Signature

OFFICE USE - Birth Certificate Verification

Student Name: _____

D.O.B.: _____ File Number: _____

Place of Birth: _____ Date Filed: _____

Original Birth Certificate Witnessed By: _____

Signature: _____ Today's Date: _____

OFFICE USE

Class Assignment : _____ MMO : _____