CHILD REGISTRATION FORM

(Subsidy Inspection Requirements for Child Day Centers 22VAC40-665-520)

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			

PARENT(S)/GUARDIAN(S)

Father	Place Employed Address	Business Phone
Home Address		Home Phone
Mother	Place Employed Address:	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Person To Contact if Parent(s) Cannot Be Reached	Address	Phone
Person(s) 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 must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during 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 immediate 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 Center ***Date***

Date Child Entered Care: _____ Date Left Care: _____

** 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 63.2-1809 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.

Parent _____

I, the parent/guardian of _____
Child's Name

acknowledge that I have read (and received, if requested) a copy of the state licensed facility of Willow Tree Academy's Shaken Baby Syndrome/ Abusive Head Trauma Policy.

Provider's Name: Willow Tree Academy

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Shaken Baby Syndrome

Provider's Name: Willow Tree Academy

It is important to provide infants with a safe place to grow & learn. I have established this policy to prevent, recognize, respond and report shaken baby syndrome and abusive head trauma (SBS/AHT), as well. As implementing safe sleep practices. As a state licensed childcare facility, we understand the importance of ensuring the health and safety of children, providing quality care, and educating families.

Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT)

Procedure:

Recognizing SBS/AHT:

- Children will be observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake, loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruising, poor feeding or sucking, no smiling or vocalization, inability of eyes to track/or decreased muscle tone.

Responding to SBS/AHT:

- If SBS/AHT is suspected, the provider and/or assistant will:
  - Call 911 immediately upon suspecting SBS/AHT
  - Call the parents or guardians
  - If the child has stopped breathing, a trained staff will begin CPR

Reporting to SBS/AHT:

- Instances of suspected maltreatment of a child are reported to Virginia Child Protective Services hotline 1-800-552-7096.

Prevention Strategies for caregivers to cope with a crying child:

- Check the child to determine if they are hungry, tired, sick or need a diaper change
- Rock the child, hold the child close or walk with the child
- Sing or talk to the child in a soothing voice
- Rub the child's back, chest or tummy gently
- Provide the child with a pacifier, rattle, or toy
- Take the child for a ride in the stroller
- Play soft music

** In addition, the provider will:

- Allow caregivers who feel they may lose control to have a short break away from the children
- Provide support to parents who are trying to calm a crying child and encourage parents to also take a calming break, if needed.

04/11/2025

As some of you are aware, our school has endured some challenges over the past year; and has been under a Notice of Intent through the department of Education.

Our license renewed in September 2024; however, we are now on a probationary period until September 2026. This is due to inspections completed from January 2024 through October 2024. We have created and implemented a compliance plan that includes school-wide documentation that all licensing standards will be followed; and the administrative team will be conducting constant monitoring throughout all classrooms.

We strive for our school to be a caring and quality center With that, we are ensuring your child's safety and care will not be compromised. We have taken ownership of our mistakes and are improving throughout all areas of our school.

We are sharing this with you, not to instill fear but to allow you to know we have a 100 percent open-door policy and are here for any questions, concerns, etc.

With this, as all our staff will be participating in additional trainings to ensure understanding and compliance of all licensing standards.

We are now required to attend a state mandated training on Tuesday August 26th, 2025; thus, meaning we will have to be CLOSED this day. We will send out reminders again as this date gets closer.

In closing, we are required for all families to acknowledge and sign that they have been made aware of all information regarding this new Consent Agreement we now have with the state. Please be sure you have a conversation with Jen or Stephanie by end of day Wednesday April 16th; as we are required to have all signatures by all families no later than 5:30pm on Wednesday April 16th.

We appreciate your time, understanding and patience as we continue this process.

— WTA Administration

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE FORM

As the parent of a child/children at Willow Tree Academy, LLC, I agree to the following:

I understand that my child(ren) whose name(s) are listed below, may be photographed at Willow Tree Academy, LLC during normal daycare hours, field trips, or activities.

I understand that these photographs may be used in school newsletters or mounted on Willow Tree Academy's website and/or Facebook page.

I give my permission for my child(ren) listed below:

_____

_____

( ) Yes, I confirm that I have read and understood the above and agree to have my child(ren)'s photo shared.

( ) No, I do not wish to have my child(ren) photographed.

Parent's Name (please print): _____

Signature: _____

Date: _____

2 Weeks' Notice

If for any reason it is decided upon that your child will no longer be enrolled at Willow Tree Academy/ we ask that a 2-week written notice be given to Administration. At that point, it's also required that tuition is paid for that corresponding 2-week period before the child leaves.

Parent/Guardian Signature: _____

Date: _____