

THE NORTHWEST CHILD DEVELOPMENT CENTER

1523 Melrose Avenue, N.W. • Roanoke, Virginia 24017 • (540) 342-0233

www.NWChildDevelopmentCenter.org

In order to process your child's enrollment, NWCDC needs the following information:

1. Non-refundable registration fee of \$100.00
2. Birth Certificate
Recent physical exam from signed by the physician
Immunization
3. Enrollment Form
4. Picture

Thank you and Welcome to Northwest Child Development Center!

Northwest Child Development Center office use only:

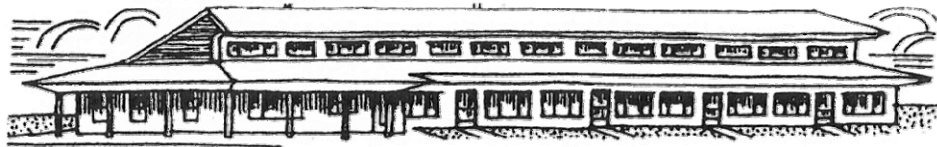
Entered in Data Base: _____ by: _____

Identity Verification:

City and State of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
--------------------------	-------------	---------------------------	--------------

Revise 11.4.2010

Other Form of Proof (if no Birth Certificate):	Date Documentation Viewed:	Person Viewing Documentation:
--	----------------------------	-------------------------------



THE NORTHWEST CHILD DEVELOPMENT CENTER
1523 Melrose Avenue, N.W. • Roanoke, Virginia 24017 • (540) 342-0233

ENROLLMENT APPLICATION

Member Information:

First Name: _____ Middle: _____ Last Name: _____
Nickname: _____ Gender: Male / Female
Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Birth Date: _____ Age: _____ Race: _____ Special Features: _____

School Information:

Current School: _____ Teacher: _____ Grade: _____
Previous Child Day Care Programs/Schools Attended: _____

Household Information: The Northwest Child Development Center is a non-profit organization. As such, we rely heavily on grant funding to operate our facilities and programs. The following information is necessary for us to report to our funding sources.

Annual Gross Household Income: \$0 – \$9,999 \$10,000- \$24,999 \$25,000- \$49,999 above \$50,000
Does the child live with their: Mom Step Mom Dad Step Dad Grandparents Other:
_____ Current Head of Household: Female / Male / Both Current Number in Household: _____
Current Marital Status of Parent/Guardian: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____
Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____
Permission for Doctor/Hospital: Yes / No Hospital: _____
Please list allergies or intolerances to food, medication, or any other substances: _____
Please list any chronic physical problems, pertinent development information and/or any specific accommodations your child may need: _____

Medical Emergency:

In case of an emergency, I, _____ (parent / guardian), give my permission for the Northwest Child Development Center to administer CPR and First Aid until rescue personnel has arrived.

Persons Authorized to Pick up Child (Other than Parents/Guardians & Emergency Contacts Already Listed):

Name: _____ Relationship: _____ Phone: _____ Cell: _____
Name: _____ Relationship: _____ Phone: _____ Cell: _____
Name: _____ Relationship: _____ Phone: _____ Cell: _____

Guardian/Parent 1

Name: _____

Relationship: _____

Home Address (if different than child's):

Date of Birth: _____

Occupation: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: Cell

Phone 2: _____ Type: Work

Phone 3: _____ Type: Home

Email Address _____

Guardian/Parent 2

Name: _____

Relationship: _____

Home Address (if different than child's):

Date of Birth: _____

Occupation: _____

Employer: _____

Work Address: _____

Phone 1: _____ Type: Cell

Phone 2: _____ Type: Work

Phone 3: _____ Type: Home

Email Address _____

Emergency Contact #1

Name: _____

Relationship: _____

Address: _____

Phone 1: _____ Type: Cell

Phone 2: _____ Type: Work

Phone 3: _____ Type: Home

Email Address _____

Emergency Contact #2

Name: _____

Relationship: _____

Address: _____

Phone 1: _____ Type: Cell

Phone 2: _____ Type: Work

Phone 3: _____ Type: Home

Email Address _____

***Parent/Guardian & Emergency Contact information should list four different people. In case of an emergency we will start with the first parent/guardian listed. Emergency Contacts will be called when a parent cannot be reached.**

Persons NOT Authorized to Pick up Child:

Name(s): _____

NOTE: Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

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.

Parent's Signature: _____ Date: _____

NWCDC Administrator: _____ Date: _____

I have received a Parent Handbook. _____
Parent Signature *Date*