

Phone: (757) 461-5456
1421 Kempsville Road
Norfolk, Virginia 23502

TOWN AND COUNTRY DAY SCHOOL
ADMISSIONS APPLICATION



CHILD'S INFORMATION					
Last Name:		First:		Birthday:	
Nickname:		Home Phone:		Social Security#	
Street Address:				Apartment/Unit #	
City:		State:		ZIP:	

PARENT INFORMATION					
Father's Name:			Social Security#		
Home Phone:		Cell Phone:			
Business Phone:		Other Phone:			
Place Employed:		Occupation:			
Mother's Name:			Social Security#		
Home Phone:		Cell Phone:			
Business Phone:		Other Phone:			
Place Employed:		Occupation:			
Person(s) or Agency Having Custody Of Child:					

MEDICAL INFORMATION			
EMERGENCY INFORMATION: Allergies Or Intolerance To Food, Medication, Etc., And Action To Take In An Emergency:			
Child's Physician:		Phone:	
Chronic Physical Problems And Pertinent Developmental Information:			

PRESENT SCHOOL/PREVIOUS SCHOOL/CHILD CARE			
Previous School And Years Attended:		School Phone:	
If Child Attends Another School While Attending Town And Country Please Give Name Of School:			
School Phone:		Present Grade Of Child:	

*ALTERNATE CONTACTS (PERSON TO CONTACT IF PARENTS CANNOT BE REACHED.)					
Alternate's Name:			Relationship To Child:		
Home Phone:		Cell Phone:			
Business Phone:		Address:			

***ALTERNATE CONTACTS (PERSON TO CONTACT IF PARENTS CANNOT BE REACHED.)**

Alternate's Name:		Relationship To Child:
Home Phone:	Cell Phone:	
Business Phone:	Address:	

***Must Have Two Alternate Contacts And At Least One Phone Number For Each Contact.**

PERSON'S AUTHORIZED TO PICK UP CHILD

Name:	Name:
Name:	Name:

PERSON'S NOT AUTHORIZED TO PICK UP CHILD*

Name:	Name:
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***Appropriate Paperwork Such As Custody Papers Shall Be Attached If A Parent Is Not Allowed To Pick Up The Child.**

How Did You Find Out About Our School? (Check One)

Internet _____ Yellow Pages _____ Parent Referral _____ Passing By _____ Other _____

AGREEMENTS – AFTER READING EACH AGREEMENT PLEASE INITIAL.

THE PARENT GIVES AUTHORIZATION FOR THE CHILD TO PARTICIPATE IN ALL FIELD TRIPS. YES _____ NO _____

THE SCHOOL/CHILD CARE CENTER AGREES TO NOTIFY THE PARENT/GUARDIAN WHENEVER THE CHILD BECOMES ILL AND THE PARENT/GUARDIAN AGREES TO PICK THE CHILD UP WITHIN ONE HOUR OF THE CALL. _____

THE PARENT/GUARDIAN AUTHORIZES THE SCHOOL TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN HE OR SHE CANNOT BE LOCATED IMMEDIATELY. _____

THE PARENT/GUARDIAN AGREES TO INFORM THE CENTER WITHIN 24 HOURS OR THE NEXT BUSINESS DAY IF THEIR 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. _____

THE PARENT/GUARDIAN AGREES TO PROVIDE INSECT REPELLENT, OINTMENT FOR RASHES, OR SUNSCREEN FOR THEIR CHILD IF NEEDED AND AUTHORIZES THE TEACHER TO ADMINISTER IT. _____

TUTION PAYMENTS ARE DUE BY TUESDAY OF EACH WEEK. IF RECEIVED AFTER TUESDAY, A \$10.00 LATE CHARGE MUST BE ADDED. IF TUTION IS PAID BY CHECK, PLEASE PUT THE CHILD'S NAME ON BOTTOM OF CHECK. _____

TUTION MUST BE KEPT UP TO DATE IN ORDER FOR THE CHILD TO REMAIN IN SCHOOL. IF TUTION IS NOT KEPT CURRENT, THE CHILD MUST BE REMOVED FROM SCHOOL. ALL RECORDS AND TAX STATEMENTS ARE WITHHELD UNTIL PAYMENTS HAVE BEEN MADE CURRENT. _____

I/WE UNDERSTAND THE POLICIES AND PROCEDURES DISCUSSED IN THE PARENT HANDBOOK AND AGREE WITH THE CONDITIONS STATED.

Parent/Guardian Signature:	Date:
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(This Portion Of The Application Is Filled Out By The Director/Assistant Director.)

Director/Assistant Director:		Date:	
Date Child Entered:	Date Of Withdrawal:	Yes _____ No _____ Birth Certificate	Yes _____ No _____ Immunizations