

VICTORY CHRISTIAN PRESCHOOL & ACADEMY
 14747 Arizona Ave, Woodbridge, VA 22191 ~ www.vcmi-va.org
 Business: (703) 491-7100 ~ Fax: (703) 490-8489 ~ Hours: 6:15am-6:30pm

REGISTRATION FORM

School Year _____ to _____

Beginning Date: _____ **Termination Date:** _____

CHILD'S INFORMATION

Child's Name:	Male () Female ()	Birth date:	
Child's Nickname:	Home Phone:		
Home Address:	City:	State:	Zip:
Previous School/Day Care (Name & Address)			

PARENT/GUARDIAN'S INFORMATION

Mother/Guardian's Name:	Home Phone:
Home Address:	Cell Phone:
City: State: Zip:	Work Phone:
Employer Address:	City: State: Zip:
Email 1:	Email 2:

Father/Guardian's Name:	Home Phone:
Home Address:	Cell Phone:
City: State: Zip:	Work Phone:
Employer Address:	City: State: Zip:
Email 1:	Email 2:

Person(s) or Agency having Legal Custody of Child: <i>We must have paperwork on file if not allowed to pick up the child.</i>	
Home Address:	Cell Phone:
City: State: Zip:	Work Phone:
Employer Address:	City: State: Zip:

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency:	
Child's Physician: _____	Phone: _____
City: State: Zip:	Work Phone:

EMERGENCY CONTACTS: PLEASE DO NOT LIST PARENTS IN THIS SECTION ALL INFORMATION IS REQUIRED AND OUT OF STATE CONTACTS MAY BE USED

Name:	Home #:	Cell #:	Pick Up Child
Home Address:	City:	State: Zip:	Yes () No ()
Name:	Home #:	Cell #:	Pick Up Child
Home Address:	City:	State: Zip:	Yes () No ()

Person(s) Authorized to Pick up Child:	Person(s) NOT Authorized to Pick Up Child:

CHILD'S PROFILE

Child's Name: _____

Age: _____ **Place of Birth:** _____

Is your child gifted? If so in what area(s)?

How would you describe your child's personality?

Any known behavior problems?

What method of discipline do you use for your child?

Other family members (brother, sisters, grandparents, etc.) living at home:

NAME	AGE	RELATIONSHIP

HEALTH:

Any serious illness or hospitalization? _____

Are any medications given regularly? _____

In what ways can we help your child at Victory Christian Preschool & Academy?

For example: a. My child cannot function in a loud environment.

_____ b. My child cries when first separated but adjusts soon to the environment.

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations needed:

