



WCDS

P.O. Box 739, Flint Hill, Virginia 22627
(540) 635-8555 / FAX (540) 636-1501 / www.wcdsva.org



2018 Summer Bridge Registration Information & Questionnaire

Please **complete blank fields**, **sign and initial where indicated** and return to the school **NO LATER THAN Wednesday, May 16, 2018**.

Child's Last Name: _____ First Name: _____ Middle Name: _____
Nickname: _____ Gender (circle): M / F DOB: ____/____/____ Grade (circle): PS / PK / K
Home Telephone: ____-____-____ County of Residence: _____
Mailing Address: _____ City: _____ State: _____ ZIP: _____
Physical Address (if different than mailing address): _____ City: _____ State: _____ ZIP: _____
Distance (in minutes) to school: _____ Primary E-Mail Address for Family: _____
Ok to publish email in directory? Yes No Siblings' Names and Ages: _____

Mother/Legal Guardian Name: _____ Cell Phone Number: ____-____-____ Work: ____-____-____
Employer: _____ E-Mail Address: _____ Additional E-Mail Address: _____
College Alma Mater: _____

Father/Legal Guardian Name: _____ Cell Phone Number: ____-____-____ Work: ____-____-____
Employer: _____ E-Mail Address: _____ Additional E-Mail Address: _____
College Alma Mater: _____

Office information only: Parents are Married Separated Divorced

Only in cases of divorce, separation, non-custodial or joint custodial parents, copies of ALL school correspondence should also be sent to:

Name: _____ Home Phone Number: ____-____-____ Cell Number: ____-____-____
Mailing Address: _____ City: _____ State: _____ ZIP: _____
Include this information in school directory? Yes No

Other Schools/Day Care attended: _____ Dates of Attendance: _____
Complete Address _____

Favorites:
Color: _____ Toy: _____
Game: _____ Song: _____
Book: _____ Sport: _____
Hobby: _____ Other: _____
Food: _____ Least favorite food: _____
Fears: _____

Please Note:

In order to fulfill our licensing requirements for the Department of Social Services, families of students new to our school are required to present for verification one of the following **to the main office no later than Wednesday, May 16**.

Your child's ORIGINAL birth certificate OR Your child's ORIGINAL Registration of Live Birth;
(originals will be returned to you immediately)

Also, please remember that we are **required** to have a **NEW** Commonwealth of Virginia School Entrance Health form on file **EACH YEAR** for all Pre-School, Pre-Kindergarten and Kindergarten students

MEDICAL INFORMATION

RESTRICTIONS / LIMITATIONS / ALLERGIES / MEDICAL CONDITIONS Please be thorough and complete.

Hearing/ Sight Limitations: _____
Allergies or medical conditions: _____ Daily Medications: _____
Family History of Dyslexia? Yes No

INSURANCE INFORMATION

Name of Health Insurance Carrier: _____ Carrier Telephone Number: ____-____-_____
Policy ID & Group Number: _____ Policy Holder: _____

PRIMARY CARE PROVIDER INFORMATION

Primary Doctor's Name: _____ Doctor's Telephone Number: ____-____-_____
Primary Dentist's Name: _____ Dentist's Telephone Number: ____-____-_____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please only sign ONE medical emergency option below.

Authorization is GRANTED

In the event of a medical emergency involving the above named student(s), and in the event that the undersigned (his/her parent and/or legal guardian) cannot be contacted for instructions or authorization of emergency medical treatment or procedures, permission IS granted and advance authorization given for any appropriate official of Wakefield Country Day School, Inc. to authorize the rendition of emergency medical procedures, services, or treatment deemed necessary or advisable for the student's life, health, or emergency medical needs. I further agree to hold harmless and indemnify Wakefield Country Day School, Inc., its officers, agents, or employees, from all claims made on account of the authorization of emergency care or other good faith decision regarding the student's health or medical needs, and further covenant and agree not to make any claim or bring any suit against it or any of them on account thereof.

OR

Authorization is NOT GRANTED

In the event of a medical emergency involving the above named student, and in the event that the undersigned (his/her parent and/or legal guardian) cannot be contacted for instructions or authorization of emergency medical treatment or procedures, permission IS NOT granted for the rendition of emergency medical procedures, services, or treatment deemed necessary or advisable for the student's life, health, or emergency medical needs. I further agree to hold harmless and indemnify Wakefield Country Day School, Inc., its officers, agents, or employees, from any and all liability whatsoever and from any and all claims for wrongful death or otherwise, made on account of the failure to render or delay in rendering appropriate emergency care regarding the student's health or medical needs, and further covenant and agree not to make any claim or bring any suit against it or any of them on account thereof.



Signature of Parent of Guardian

Date

Please attach a separate sheet with additional notes if necessary.

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION (Signatures Required)

1st Contact Name: _____ Relationship to child(ren): _____
Physical Address: _____ City: _____ State: _____ ZIP: _____
Home Telephone: _____ - _____ - _____ Work Telephone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Authorized for pickup? Yes No Contact Signature: _____

2nd Contact Name: _____ Relationship to child(ren): _____
Physical Address: _____ City: _____ State: _____ ZIP: _____
Home Telephone: _____ - _____ - _____ Work Telephone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Authorized for pickup? Yes No Contact Signature: _____

3rd Contact Name: _____ Relationship to child(ren): _____
Physical Address: _____ City: _____ State: _____ ZIP: _____
Home Telephone: _____ - _____ - _____ Work Telephone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Authorized for pickup? Yes No Contact Signature: _____

WCDS RELEASE OF LIABILITY

It is assumed the following is true for all children in our family (check all that apply).

- I authorize Wakefield Country Day School to use my child/children’s names in articles about events at WCDS *in the local print media. This includes, but is not limited to, the publication of press releases.*
- I authorize Wakefield Country Day School to use a photograph of my child/children in articles about events at WCDS *in the local print media, the school website, and WCDS private Facebook™ page.* I acknowledge that WCDS has the right to publish, copyright, and distribute the material that will be created for educational and marketing purposes which WCDS shall deem appropriate.
- I authorize Wakefield Country Day School to use a photograph of my child/children *in admission brochures and school publications, including the Huntly Herald.* I acknowledge that WCDS has the right to publish, copyright, and distribute said materials for educational and marketing purposes that WCDS shall deem appropriate and release WCDS from any claim that I may have by reason of the duplication or distribution of the materials.

CHANGE OF INFORMATION If during the 2018 Summer Bridge session **ANY** information on this form should change, please contact the main office immediately at 540-635-8555 or rkorte@wcdsva.org. It is imperative that **ALL** information on this form is kept current.

I agree to contact the main office immediately should any contact or insurance information change during the 2018 Summer Bridge Program.

Signature of Parent/Guardian **Printed Name** **Date**

OFFICE USE ONLY: IDENTITY VERIFICATION

Place of Birth	Date of Birth	Birth Certificate #	Date of Issue	Signature of WCDS Staff