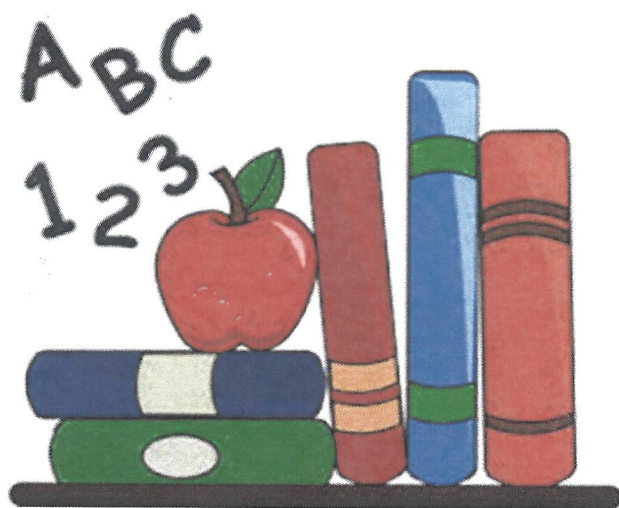


Thomas B. Hargrave Daycare Center

801 Tazewell Street

Portsmouth, VA 23701



Childcare Registration

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

PARENT(S)/GUARDIAN(S)

Father	Place Employed / School	Business Phone
Home Address		Home Phone
Mother	Place Employed / School	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		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> 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

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

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.

Thomas B. Hargrave Educational Center

Illness/Communicable Disease Policy

The purpose of this policy is to provide the guidelines regarding children enrolled in the Thomas B. Hargrave Educational Center who show signs of illness or contagious disease.

There are 3 main reasons to keep sick children at home:

1. The child doesn't feel well enough to participate in normal activities (overly tired/sleepy, won't stop crying, etc.)
2. The child needs more care than the staff can provide while caring for other children.
3. The child is ill. Please use this document as a reference.

Upon arrival we will perform a health check and we will continue to monitor your child's health throughout the day. If your child is ill upon arrival, you will be asked to take them home. Children showing symptoms of illness or with known illnesses must remain at home.

If your child attends another program or school and leaves due to illness, s(he) may not attend our center that day.

If your child becomes ill, s(he) will be offered a quiet, comfortable isolated environment to rest while awaiting pick up. You will be notified to pick up your child as soon as possible. If we are unable to reach you, the individuals listed as emergency contacts will be notified. We will **NOT** administer any type of medication. Children who are sent home due to illness may not return to the center until meeting the following requirements.

Exclusion Signs and Symptoms	Return to Thomas B. Hargrave Criteria
Fever Temperature at or above 101 degrees	Fever has been absent for 24 hours without medication.
Diarrhea and Vomiting 2 or more instances in 24 hours	Diarrhea and vomiting has been absent for 24 hours without medication or until a doctor says it is not contagious.
"Flu-Like" Symptoms fever over 100 degrees with a cough or sore throat, tiredness, body aches, vomiting, and diarrhea.	Fever has been absent for 24 hours without medication.
Persistent Cough severe and uncontrolled cough, wheezing or having difficulty breathing	Once severe and uncontrolled cough, wheezing or having difficulty breathing has ended.
Strep Throat sore or reddened throat accompanied by a fever; may cause headache, loss of appetite, swollen lymph nodes in neck	48 hours after a physician's visit and antibiotic treatment begins (Doctor's note needed to return)
Conjunctivitis (pink eye) red watery eyes with thick, yellow/greenish discharge; puffy appearance to eyes	Discharge has diminished to the point that the eyes are no longer runny and under treatment for at least 24 hours (Doctor's note needed to return)

Mild Respiratory or Cold Symptoms stuffy nose with clear drainage, sneezing, mild cough	Keep at home if symptoms are severe or not well enough to participate normally.
Rash rash of unknown origin with other symptoms including fever	Rash has been identified by a physician as not a contagious rash, or is under treatment and no longer contagious (Doctor's note needed to return)
Nasal Discharge green or yellow in color	Nasal Discharge has become clear and/or fever is not present
Head Lice Live lice on the scalp of nits attached to hair shafts	24 hours after treatment and there are no lice or nits present
Chills or Profuse Sweating (not weather related)	Chills or profuse sweating has been absent for 24 hours
Ringworm flat spreading ring shaped lesion	24 hours after physician's care and ringworm treatment begins; keep area covered for the first 2 days (Doctor's note needed to return)
Hand, Foot and Mouth Disease	24 hours fever free, no open or draining blisters (Doctor's note needed to return)
Fifth's Disease	24 hours fever free
Vaccine Preventable Diseases Measles, Mumps, Rubella, Pertussis (Whooping Cough), Diphtheria	Child has completed the contagious stage of the illness (Doctor's note needed to return)
Chicken Pox	Child has completed the contagious stage of the illness; blisters have dried and crusted (Doctor's note needed to return)
Scabies	24 hours after treatment
Impetigo	24 hours after starting antibiotics

These symptoms may or may not be associated with communicable illness. A consultation with a health care professional may be needed to determine nature of the illness.

You are required to inform the director within 24 hours if your child or a member of your immediate household develops a communicable disease as defined by the Virginia State Board of Health. You must report life-threatening diseases immediately. We will notify all parents within 24 hours if a communicable disease is reported at the center. The Health Department regulations governing periods of infection and exclusion will be strictly followed.

I understand and agree to follow the terms of this illness/communicable disease policy.

Printed Name of Parent _____ Date _____

Signature of Parent _____

Thomas B. Hargrave Educational Center

Medical Information and Emergency Authorization Form

The safety and well-being of your child is of the utmost importance to us. To ensure that we can provide the best care for your child's medical/health care needs, please provide information regarding his/her medical conditions (s) that require special care or instructions. As a reminder, our center **DOES NOT** administer medication of any kind, prescription or over the counter. We will contact you when your child is ill. You will be expected to arrange for pick up as soon as possible. Please note that the information you share with us will be kept confidential, unless authorization has been given (see Medial Authorization below). We thank you in advance for your cooperation.

Child's Full Name (please print) _____

Please describe any medical conditions/needs and the care or instructions required.

Medial Authorizations

I understand by signing this form I am authorizing Thomas B. Hargrave to share information regarding my child's medical/health care needs with the individuals listed below.

Check all that apply:

- First Responders (EMT, Fire & Rescue, etc.)
- Child's Teacher/Caregiver (TBHEC Employees)
- Non-Custodial Parent
- Other - Please provide the individual's name and relationship to your child

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Permission to Videotape/Photograph

Dear Parent/Guardian:

Throughout the school year, we often take photographs and videos of school activities involving students to share the school's culture and provide updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly.

These photos and videos may be published on/in our bulletin boards, scrapbooks, internet or other social media sources, publications and news bulletins, and promotional and/or educational purposes.

With this, we seek for your consent in allowing us to publish photos/videos which may involve your child to the listed platforms.

I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of _____ (child) or me by Thomas B. Hargrave Educational Center or its contractors. 2. All statements, photographs, and/or audio or video recordings taken of the child or me by Thomas B. Hargrave Educational Center or its contractors, may be used for promotional, commercial or other purposes as determined and listed above anywhere in its sole discretion. Neither the child nor I shall have any right to control the use or publication by Thomas B. Hargrave Educational Center of the statements, photographs, and/or audio or video recordings. 3. All statements, photographs, and/or audio or video recordings taken of the child by Thomas B. Hargrave or its contractors, shall be the sole property of Thomas B. Hargrave Educational Center. Neither the child nor I shall receive any compensation in connection with use of these statements, photographs, and/or audio or video recordings for promotional, commercial or other purposes. 4. On behalf of the child and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against Thomas B. Hargrave Educational Center or any person or firm authorized by the Thomas B. Hargrave Educational Center to publish said materials, such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of Thomas B. Hargrave Educational Center and any Publisher. 5. I HAVE READ THIS DOCUMENT AND I UNDERSTAND THE TERMS AND I SIGN THIS RELEASE FREELY AND VOLUNTARILY.

Printed Name of Child _____ Age of Child _____

Printed Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____

PERMISSION TO PARTICIPATE IN SWIMMING AND WADING ACTIVITIES

My child is a: Swimmer Non-swimmer

Information on Child's Swimming Skills (if applicable):

I give permission for my child to participate in swimming activities.

I give permission for my child to participate in wading activities.

Child's Name: _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date (valid for one year) _____

Thomas B. Hargrave

COVID-19 / Return to School Protocols

People with COVID-19 have a wide range of reported symptoms. **Symptoms may appear 2-14 days after exposure** to the virus that causes COVID-19.

Symptoms *can* include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible COVID-19 symptoms.

Illness symptoms including diarrhea, vomiting, fever, sore throat with fever, loss of taste/smell, shortness of breath, chills, and/or body aches for any child who attends the center **must** be reported to the Thomas B. Hargrave director *as soon as possible*.

If your child/ren or any household members have any of the symptoms listed above, think your child/ren or household members has COVID-19, or has been exposed to someone with COVID-19 you **must** tell the TBH director and follow the COVID-19 return to school action plan.

If anyone in your household has any of the above symptoms s/he should self-isolate and get tested for COVID-19. If your child/ren have any of the above symptoms they **must** get tested for COVID-19.

If the test for your child/ren comes back **positive** for COVID 19 s/he may not return to school until:

- S/he has 2 negative tests in a row – 24 hours apart (written documentation must be obtained from their healthcare provider)
- It's been 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving

If your child/ren test *positive* for COVID-19 but have no symptoms s/he must self-isolate and may not return to school until:

- S/he has 2 negative tests in a row – 24 hours apart (written documentation must be obtained from their healthcare provider)
- It's been 10 days since symptoms first appeared

If you believe your child/ren have been exposed to someone with COVID-19 s/he may not return to school until:

- S/he has self-isolated for 14 days **after their last exposure** to that person
- If your child/ren develop any symptoms listed above s/he must get tested and then follow the above listed protocols
- Child/ren have a negative test (written documentation must be obtained from their healthcare provider)

I agree to follow the COVID-19 return to school protocols. I also understand, for the well-being of all the children and staff, that failure to do so may result in being disenrolled from the Thomas B. Hargrave Educational Center.

Child's Name: _____

Printed Name of Parent: _____

Signature: _____ **Date:** _____

Allergy Care Plan For A Child With Diagnosed Food Allergies

Child's Full Name _____ Date of Birth _____

Name of Child's Health Care Provider _____

Food Allergies

Steps to be taken in the event of a suspected or confirmed allergic reaction.

*Thomas B. Hargrave Educational Center staff **DOES NOT** administer medication of any kind, prescription or over the counter.*

Health Care Provider's Address _____

Health Care Provider's Phone Number _____

Printed Name of Health Care Provider _____

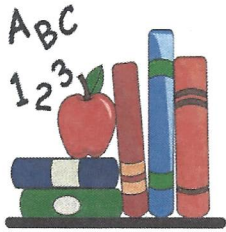
Signature of Health Care Provider _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Printed Name of Director _____

Signature of Director _____ Date _____



THOMAS B. HARGRAVE DAY CARE CENTER
TUITION
Effective January 31, 2022

FULL TIME STUDENTS \$165.00 (2 yrs. in pull-ups)
 \$160.00 - 3 yrs. & up
 \$145.00 - 2nd CHILD
 \$135.00 - 3RD CHILD

HALF DAY STUDENTS \$110.00 -
(8am-1pm or 1pm-6pm) \$105.00 - 2nd CHILD
 \$90.00 - 3RD CHILD

❖ *Will include early release, Parent/Teacher Conference and Teacher Work Days*

BEFORE SCHOOL CARE ONLY \$70.00 PER WEEK

❖ *Will include early release, Parent/Teacher Conference and Teacher Work Days*

AFTER SCHOOL CARE ONLY \$70.00 PER WEEK

❖ *Will include early release, Parent/Teacher Conference and Teacher Work Days*

BEFORE AND AFTER SCHOOL \$85.00 PER WEEK
 \$75.00 - 2ND CHILD
 \$65.00 - 3RD CHILD

REGISTRATION FEE \$100.00 PER CHILD
(Non- Refundable)

(Registration fee is waived for returning students a year from original registration)

***ALL RETURNED CHECKS WILL BE CHARGED A \$50.00 RETURN CHECK FEE**