

AUCP REGISTRATION FORM
Arlington Unitarian Cooperative Preschool
4444 Arlington Blvd., Arlington, VA 22204 703-892-3878

School Year _____

Child's Name

Given Name & Nickname

Home Address

Birth Date

Sex (circle one)

M F

Home Telephone

Parent's Name

Cooping parent? Y N

Home Address

Home Telephone

Mobile Phone &/or Pager

Home E-mail

Employer Name

Business City Location

Business Telephone

Business E-mail

Emergency Contact for Co-oping Parent

Name

Relationship

Phone

Additional Emergency Contact for Co-oping Parent

Name

Relationship

Phone

Parent's Name

Cooping parent? Y N

Home Address

Home Telephone

Mobile Phone &/or Pager

Home E-mail

Employer Name

Business City Location

Business Telephone

Business E-mail

Emergency Contact (if Co-oping Parent)

Name

Relationship

Phone

Additional Emergency Contact (if Co-oping Parent)

Name

Relationship

Phone

Person(s) or Agency Having Legal Custody of Child Name

Home Address

Home Telephone

Mobile Phone &/or Pager

Home E-mail

Employer Name

Business City Location

Business Telephone

Business E-mail

Emergency Information

Please specify if your child has allergies or intolerance to food, medication or insect bites

Chronic physical problems and pertinent developmental information

Pediatrician

Pediatrician Phone

Health Insurance Carrier

Name of Insured

ID Number

Names, Addresses and Phone Numbers of **Two People to Contact** if Parents Cannot Be Reached:

1. Name & Address	Relationship	Person is Authorized to Pick-Up Your Child? (circle one) Yes No
	Phone	
2. Name & Address	Relationship	Person is Authorized to Pick-Up Your Child? (circle one) Yes No
	Phone	

Pick Up Authorizations

Additional Person(s) Authorized to Pick Up Child
(Include Phone Numbers)

Person(s) NOT Authorized to Pick Up Child.
Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child

Agreements

1. We hereby acknowledge that the Emergency Release on file for our child is valid for the current school year.
2. We agree to abide by all the rules described in the Parent Manual, to pay all applicable tuition fees as scheduled, and to provide classroom administrative and maintenance services as required by cooperative rules.
3. We understand that rules and fees may be changed by a board or membership vote and are effective after notice to the members. Should we disagree with the changes, we know we have the option to give 30 days written withdrawal notice and may withdraw our child.
4. We will notify AUCP within 24 hours or the next day after if our child or any member of the immediate household has developed any reportable communicable diseases as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
5. We agree to pick up our child ASAP after being notified that he/she is ill at school. AUCP is unable to care for children who cannot participate in class activities or field trips.
6. We authorize my child to participate in class field trips. (circle one) Yes No
7. We maintain adequate insurance coverage and may be called on to drive on field trips.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Director/Administrator

Date

Date Child Entered Care

Date Child Left Care
