GoldenPath ACADEMY

Registration Form

Desired **Start Date**

☐ **All-Day** Program

- ☐ **Mon**day
- ☐ **Tues**day
- ☐ **Wednes**day
- ☐ **Thurs**day
- ☐ **Fri**day

☐ **Half-Day** Program

Preschool/Pre-K
8:30 am to12:30 pm

Toddlers
8:30 am to12:00 pm

☐ **After**-School

School currently attending

Grade

Student Information

Child's full name		Nick name
Age	Birthdate	Sex (check one) ☐ M ☐ F
Street address		
City	State	ZIP
Home phone	Child lives with	
Who has custody of child (If other than parent)		
Previous childcare programs and schools attended		

Father/Guardian

Name	Cell phone
Employer	Occupation
Work address	
Work phone	Home phone
Home address ☐ Same as child or:	
Email	

Mother/Guardian

Name	Cell phone
Employer	Occupation
Work address	
Work phone	Home phone
Home address ☐ Same as child or:	
Email	

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21631 Ridgetop Circle
Sterling, VA 20166

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Registration Form (continued)

Medical Information

Doctor's office		
Doctor's name		Phone number
Does your child have allergies? ☐ Yes ☐ No	Allergic to	If yes, initial here **(Permission to post allergy form in the classroom)**
Does your child require emergency medication (Epi-pen, antihistamine, etc.?)		
List chronic physical problems/developmental information/special accommodations		
List special dietary requirements		
Does your child require modification to fully participate? ☐ Yes ☐ No	Does your child have an individualized education plan? ☐ Yes ☐ No	
If yes, date of the last IEP (In accordance with VA licensing standards, GPA will keep a copy of your child's most recent IEP)		

Emergency Contact Persons (VA Licensing requires at least TWO LOCAL contacts, other than the parents)

Contact one name and relation	Contact one cell phone number
Contact one full home address	
Contact two name and relation	Contact two cell phone number
Contact two full home address	

Signature

Parent/Guardian

Date

Office Use Only

Place of birth	Date of birth	Form Rcvd date ☐ New ☐ Ret ☐ Sib ☐ Corp part	
Birth certificate number	Date issued	Amount paid	Date paid
Other form of proof		Payment type	Check number

Authorized center signature

Date signed

Start date	Classroom
Schedule ☐ M ☐ T ☐ W ☐ T ☐ F	☐ All Day ☐ Half Day
Withdrawal date	
Reason for withdrawal	