

DATE _____

RCV'D BY _____

SABOT AT STONY POINT STUDENT REGISTRATION FORM

Student's full name _____ Preferred name _____

Birth date _____ Sex _____ Grade _____

Address _____

Home phone _____

Most recent school attended _____ From (mm/yy) _____ To (mm/yy) _____

Other schools/programs currently attending _____

Siblings currently enrolled at Sabot at Stony Point, and their grade levels _____

PARENT/GUARDIAN

Name _____

Occupation _____

Place employed _____

Business address _____

Home address
(if different from student) _____

Business phone _____

Home phone _____

Cell phone _____

Email _____

PARENT/GUARDIAN

Name _____

Occupation _____

Place employed _____

Business address _____

Home address
(if different from student) _____

Business phone _____

Home phone _____

Cell phone _____

Email _____

EMERGENCY MEDICAL INFORMATION

Physician's Name _____ Phone Number _____

Chronic Physical Conditions/Special Accommodations/Pertinent Developmental Information _____

Allergies or Intolerances – Please list all (food, medication, seasonal, etc.) and action to take in the event of exposure. _____

Please remember to fill out the back side of this form. Thank you.

EMERGENCY TRANSPORTATION INFORMATION (VA Licensing requires that all fields be completed.)

Two **LOCAL** contacts who can transport student if parent cannot be reached

1. _____ <i>Name</i>	2. _____ <i>Name</i>
_____ <i>Relationship to Student</i>	_____ <i>Relationship to Student</i>
_____ <i>Phone</i>	_____ <i>Phone</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>City, State</i>	_____ <i>City, State</i>
_____ <i>Zip</i>	_____ <i>Zip</i>

AUTHORIZATIONS FOR PICK-UP

Person(s) authorized to pick up student: _____

Person(s) NOT authorized to pick up student: _____

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the student.
- 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 day or day care activities.

AGREEMENTS

1. The school agrees to notify the parent(s)/guardian(s) whenever the student becomes ill and the parent(s)/guardian(s) will arrange to have him/her picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, the parent(s) or guardian(s) must provide a statement describing the objection and the reason for it.
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after their 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. (The list of communicable diseases can be found online at www.vdh.org.)
4. The parent(s)/guardian(s) agree that in an emergency where neither they nor their emergency contacts can be reached, a staff member or other Sabot at Stony Point family may transport the child for safety or treatment.
5. The parent(s)/guardian(s) agree that their child may participate in teacher-led excursions throughout all school buildings and grounds. Occasionally, these excursions may include the Larus Park adjoining the campus.

SIGNATURES

Parent/Guardian _____	Date _____
Parent/Guardian _____	Date _____

SABOT AT STONY POINT PHOTO/VIDEO RELEASE STATEMENT

One of the best ways to help families and educators understand Sabot at Stony Point's program and its implementation is through photo and video documentation. To this end, it is critical that we are able to publish this documentation through a variety of channels; our school's website, internal and external publications, social media, and other marketing/publicity materials. We will never include last names or any other specific identifying information. We appreciate the willingness of our families to help spread information about Sabot at Stony Point to other families and educators.

I grant Sabot at Stony Point, including all employees and designees, permission to use photo / video likenesses of my child, _____, for the purposes of documenting the children's work, providing training to other educators, and informing current and prospective parents about the Sabot at Stony Point program. I understand the following vehicles may be used to disseminate the information: the Sabot at Stony Point website, the school's social media channels, other admissions/ marketing materials, mass media coverage, and conference presentations. This consent will remain in effect until changed in writing with the Registrar's office.

Signature _____ *Date* _____

Printed Name _____ *Relationship to Child* _____

I do not grant permission for Sabot at Stony Point to use photo / video likenesses of my child, _____ .

- under any circumstance. _____
- via the following methods: _____

Signature _____ *Date* _____

Printed Name _____ *Relationship to Child* _____