

# Hazelwild Farm Educational Foundation

5325 Harrison Road  
Fredericksburg, Virginia 22407

2023-2024 School Year

Please Print and Complete All Blanks

Date: \_\_\_\_\_

Please mark the appropriate box:

<b>Kindergarten</b> (5 by September 30, 2023)
<input type="checkbox"/> Monday – Friday (8:30 -1:30)
<input type="checkbox"/> Monday – Friday (7:00-6:00) (Includes Lunch and before and after care)

*Student Information*

First Name	Middle Name	Last Name	Nickname
Birth Date / /	Sex M / F		

Students Street Address	Home Phone Number ( ) -	
City	State	Zip Code

Mother's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number ( ) -	Work Phone Number ( ) -	
Cell Phone Number ( ) -	E-mail Address	

Father's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number ( ) -	Work Phone Number ( ) -	
Cell Phone Number ( ) -	E-mail Address	

Previous Child Care Center attended: \_\_\_\_\_

Person(s) or Agency having legal custody of child: \_\_\_\_\_

May we share your child's name, address and phone number with parents for party invitations?  Yes  No

Do you allow your child's image to be used on Hazelwild's webpage only? Yes No

*Emergency Contacts* ( 2 Emergency contacts are **required** with all information listed; cannot be child's parents.)

Name	
Local Phone Number ( ) -	Cell Phone Number ( ) -
Home Address	

Name	
Local Phone Number ( ) -	Cell Phone Number ( ) -
Home Address	

**State Licensing requires all Emergency Contact Information to be completed before enrollment.**

-OVER-

Child's Name: \_\_\_\_\_  
Person(s) authorized to pick up child: \_\_\_\_\_  
Person(s) NOT authorized to visit or pick up child: \_\_\_\_\_

Do you give permission for your child to participate in all school activities sponsored by Hazelwild for the 2023-2024 School Session? Such activities include but are not limited to walks, visits to the barn, hayrides and pony rides. \_\_\_\_\_

**Medical Information: (REQUIRED)**

Name of child's Physician: \_\_\_\_\_  
Physician's Phone Number: \_\_\_\_\_

**\*We do not administer any medications beyond an EPI PEN in the event of an EMERGENCY.**  
Are there any health problems that may need some special attention or consideration? \_\_\_\_\_

Allergies: \_\_\_\_\_  
Hazelwild agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter, as soon as possible.

Parents must notify Hazelwild within 24 hours of child or immediate family member developing a communicable disease. Parents must notify Hazelwild **immediately** of any life-threatening disease.  
**I agree to inform Hazelwild of ANY exposure to Covid 19. \_\_\_\_\_ (initial)**  
**I agree to wear a mask and to have my child wear a mask anywhere on Hazelwild property when required. \_\_\_\_\_ (initial)**

**THIS MEDICAL AUTHORIZATION MUST BE COMPLETED**

In the event of any emergency, I hereby grant permission to the physician selected by Hazelwild staff to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
Child's Name Date Signature of Parent/Guardian

In order to complete the application process, the custodial parent must read, sign and be willing to abide by the Hazelwild Country Day School's Student Handbook and Payment Policies therein. I am agreeing to be legally financially responsible for this account.

\_\_\_\_\_  
Signature of Parent/Guardian Date

I/We have read and understand the Hazelwild Farm Educational Foundation Country Day School Handbook and Brochure, especially the section on arrival and pickup, and behavior management. Please return this form to the Hazelwild Country Day School Office with your registration fee.

\_\_\_\_\_  
Signature of Parent/Guardian Date

In order to complete the application process, the custodial parent must read, sign and be willing to abide by the Hazelwild Country Day School's Student Handbook and Payment Policies therein. An advance May 2024 tuition payment is due July 3, 2023. By endorsing this registration form, I am agreeing to be legally financially responsible for this account.

\_\_\_\_\_  
Signature of Guardian Date

If the child is enrolled, the deposit becomes non-refundable—*no exceptions*.  
Registration fee for new students: \$65 Registration fee for returning students: \$55

*Office Use Only*

Reg. Amount	Check/Cash	Date Entered
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