

Hazelwild Farm Educational Foundation

5325 Harrison Road
Fredericksburg, Virginia 22407
(540) 891-8751

2022-2023 School Year

Please Print and Complete All Blanks

Date: _____

Registration cannot be accepted without submission of the current immunization record and birth certificate.

Please mark the appropriate box:

| | |
|--|---|
| <p style="text-align: center;">Four Year Old Program (4 by September 30, 2022)</p> <p><input type="checkbox"/> Monday – Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday – Friday (9:00 – 12:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (9:00 – 12:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (7:00-6:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (9:00-12:00)</p> | <p style="text-align: center;">Three Year Old Program (3 by September 30, 2022)</p> <p><input type="checkbox"/> Monday – Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday-Friday (9:00-12:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (9:00-12:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (7:00-6:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (9:00-12:00)</p> |
|--|---|

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.

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 2022-2023 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: _____

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.

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 _____ (initial).

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.

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. An advance prorated May 2022 tuition payment is due July 1, 2022. By endorsing this registration form, 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 Farm Educational Foundation Country Day School Office with your registration fee.

Signature of Parent/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 |
|-------------|------------|--------------|