



Little One Academy

Application Form 2017 – 2018 School Year: September 11, 2017 – June 8, 2017

The Academy will be closed on all Federal Holidays and the week of Thanksgiving. AAFAS follows the basic Alexandria City Public Schools schedule for bad weather closings and early dismissal.

Child’s name:.....Child’s Nickname.....

Date of birth:.....

Child’s home address:.....

Special interests:

Current school and Previous Schools attended:.....

Requested Days of Attendance (Check One Option): T/TH:.....T/W/T.....

Requested Sessions (Check All That Apply): Fall:..... Winter:..... Spring:.....

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:
.....

Parent’s Information:

Father: Place Employed:..... Business Phone:.....

Home Address:..... Home Phone:.....

Email:.....

Mother:..... Place Employed:..... Business Phone:.....

Home Address:..... Home Phone:.....

Email:.....

Name of person(s) with legal custody:.....

Emergency information:

Allergies or Intolerances to Food, Medication, etc:.....

Action to take in an Emergency:.....

Child’s Physician:..... Phone:

Alexandria Academy of Fine Arts and Science
P.O. Box 320423
Alexandria, VA. 22320-0884
Tel. 703 836 6664



Emergency contacts if Parents cannot be contacted:

1. Name:..... Phone:.....

Address:.....

2. Name:..... Phone:.....

Address:.....

Person (s) Authorized to Pick up:

Person (s) Authorized to Pick up Child:.....

Person (s) Not Authorized to Pick up Child*:.....

- * Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- * 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 or day care activities.
032-05-252/11 (06/05)

AGREEMENTS

- 1.AAFAS agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
- 2.The parent(s)/guardian(s) authorize AAFAS to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
- 3.The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his 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.

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection. Medical Permission: (must be signed by the parent or guardian) I authorize the School, in an emergency when I cannot be contacted, to act on my behalf in regard to the health, safety, and wellbeing of the student. If deemed necessary, this shall include taking the student to the nearest emergency room or hospital. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well being of the student. I agree to release and indemnify Alexandria Academy of Fine Arts and Science from any and all liability arising out of a good faith decision made by School in this regard and agree that I am responsible for all medical costs.

SIGNATURE

Parent(s) or Guardian(s)

Date

Owner and Administrator Anne Craner

Date

Date entered AAFAS_____ Date left AAFAS.....

Credit card information (Visa/MasterCard)..... (expiration date).....3 Digit Security Code.....

- tuition must accompany application
- checks made payable to AAFAS or by credit card
- no refunds

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info@alexacademy.com
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**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following

Place of Birth:.....

Birth Date:.....

Birth Certificate Number:.....**Date Issued:**.....

Other Form of Proof:.....

Date Documentation Viewed Person Viewing Documentation:.....

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child’s birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

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(06/05)**