

**■ ePACT Registration Form**

**■ Child Information filled out completely to include the following:**

- Name
- Nickname (if applicable)
- Gender
- Birthdate
- While not required, a photo of the child is strongly encouraged

**■ Parent/Guardian Information filled out completely to include the following:**

- Name
- Home address
- Phone
- Employer
- Work (employer) phone number (For the purpose of contacting the employer of a parent/guardian if parent/guardian cannot be reached directly. Please enter N/A if there is no option for the employer to be reached)
- If there is only one parent/guardian for the child, a second parent/guardian must be created with the name listed as N/A and the address/phone number of the single parent/guardian.

**■ Child's Physician**

- Name (if the child has a primary doctor, please list his/her name rather than the name of the practice/office)
- Address

**■ Emergency Contacts (minimum of 2 and CANNOT be parents or legal guardians)**

- Name
- Address
- Phone Number
- Relationship to Child

**■ Pick-up/No Pick-up List**

- Individuals other than parent/guardian and emergency contacts who are authorized to pickup the child)
- Appropriate legal paperwork is required to be on file when the custodial parent requests child not be released to the other parent.

**■ Allergies/Medications (if applicable)**

- List allergies/intolerances to, and religious preferences for food, medications, or any other substances
- List actions to take in an allergy emergency
- Medications must be labeled with child's name in original packaging.

## ▣ Health Records

- ▣ Child's Physical- uploaded to ePACT
  - ▣ Must include physician's signature and be completed within 1 year of the school start date
- ▣ Child's Immunization record- uploaded to ePACT
  - ▣ Must contain physician's signature and be completed withing 1 year of the school start date
- ▣ Virginia School Entrance Form (can be used to replace physical and immunization records)- uploaded to ePACT
  - ▣ Page 1 completed with parent name, signature, and proper checkbox selected
  - ▣ Physician's signature on pages 2 and 4 and must be completed within one year of the school start date
- ▣ Allergy Action Plan Form- uploaded to ePACT (if applicable)
  - ▣ Must be completed for ALL allergies (food, bees, pet dander, etc.)
  - ▣ Signature of parent and physician required for all epi pens and medication
- ▣ Asthma Action Plan Form- uploaded to ePACT (if applicable)
- ▣ Medication Authorization Forms- uploaded to ePACT (if applicable)
  - ▣ Applies to prescription and non-prescription medications
  - ▣ Must be signed by parent/guardian
  - ▣ If medication is required to be administered for longer than 10 business days, form must contain a physician's signature
  - ▣ All medication must be labeled correctly and in the original container

## ▣ Age Verification

- ▣ Provide center with an original (copies/uploads not accepted) age verification document in-person.
  - ▣ Acceptable documents are birth certificate, passport, Or Virginia state ID card

## ▣ Payments

- ▣ Enrolled in optional ACH payment plan (credit card or bank draft) OR
- ▣ First month balance paid in full by August 1, 2024

**\*\*\* All above items must be completed prior to your child's first day of preschool attendance. \*\*\***