

**Hampton University Child Development Center  
Eva C. Mitchell Hall  
Hampton, VA 23668**



**Enrollment Packet  
2008-2009 School Year**

Hampton University Child Development Center

Eva C. Mitchell Hall  
Tyler Street  
Hampton, VA 23668

Dear Parent,

Thank you for your interest in the Child Development Center at Hampton University.

Enclosed you will find the information that you requested as well as a brochure and my card. Please feel free to come by the CDC at your convenience for a brief tour and answers to any questions that you may have.

Our current fees are \$100 per week which includes breakfast, two snacks, and hot lunch. Children have access to all of the resources of the University including the museum and the library.

I look forward to meeting you soon.

Best Regards,

Janice Cawthorn  
Director  
Hampton University Child Development Center

757-637-2026  
Janice.cawthorn@hamptonu.edu

**Hampton University Child Development Center  
Hampton, Virginia 23668**

**Enrollment Packet Contents**

- Registration Application
- Authorization for Emergency Medical Care
- Medication Form
- School Health Form
- Information, Research, Testing and Videotape Release Form
- General Field Trip Form
- List of documentation to be presented at registration of the child
  - Proof of birth date
  - Child's social security number
  - Immunization record
  - Physical examination documentation
  - Emergency contact form
  - Signed parental agreement
  - Custody documentation, as needed
  - Field trip permission slip
  - Registration form
  - Photo ID of Parent or Guardian
  - \$50 Registration Fee (Annually)

**Hampton University Child Development Center  
Hampton, Virginia 23668**

**Registration Application**

**BC #** \_\_\_\_\_

Child's Name \_\_\_\_\_ Other Name Used \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Address) (City/State) (Zip Code)

Phone Numbers \_\_\_\_\_  
(Home) (Work) (Cell)

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F Place of Birth \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Occupation \_\_\_\_\_ Father's/Guardian's Occupation \_\_\_\_\_

Work Addresses \_\_\_\_\_

Email address(es) \_\_\_\_\_

Numbers of brothers \_\_\_\_\_ Ages \_\_\_\_\_ Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_

Who will bring the child to school? \_\_\_\_\_

Who will pick up the child from school? \_\_\_\_\_

\*\*\*Who cannot pick up your child at any time? \_\_\_\_\_

Are custody issues involved? \_\_\_\_\_ ***If so, please submit a copy of legal custody agreement.***

Previous School Experience: Is your child currently enrolled in another center? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name, address, and phone number of last Child Development Center your child attended:

---

Reason for Leaving \_\_\_\_\_

Allergies and other cognitive, physical, social, emotional, health or special needs or emergency medical problems we should be aware of \_\_\_\_\_

Anticipated date of enrollment \_\_\_\_\_

**Registration agreement**

*I/We hereby make application for the attendance of my child, \_\_\_\_\_, at the Hampton University Child Development Center. I understand that a \$50.00 registration fee (cash or money order) is to accompany this application and that the documentation listed in this packet must be presented before or on the first day of attendance.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Hampton University Child Development Center**

**Authorization for Emergency Medical Care**

I, \_\_\_\_\_, parent(s)/guardian(s)  
of \_\_\_\_\_, permit the Hampton University  
Child Development Center staff to authorize medical, dental, and hospital care and  
treatment, including but not limited to, examination, diagnostic tests and medications.  
This includes anesthetics, the performance of surgery and any and all other medical  
and dental treatment deemed necessary by duly licensed medical personnel for the  
health and well-being of my child when the staff is unable to reach me or any person  
listed on my child's emergency form.

---

Printed Name	Signature
--------------	-----------

---

Date

**Hampton University Child Development Center  
Medication Form**

---

Minimum standards for licensed Childcare Centers and Family Day Care Homes provide that **non-prescription drugs**, not limited to vitamins and aspirin, shall be given to a child only with the parents/guardians written consent/permission.

**Prescription drugs** shall be given to a child only in accordance with the signed doctor's note or authentic prescription and with the parents'/guardians' written consent for each separate occurrence.

---

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Hampton University Child Development Center has permission to administer the following drugs and/or medication

---

---

Dosage to be given \_\_\_\_\_

Time(s) medication is to be given \_\_\_\_\_

Special Instructions \_\_\_\_\_

---

---

This authorization is in effect on \_\_\_\_\_ (date) until \_\_\_\_\_ (date). *This authorization is not to exceed 10 days.*

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

I agree to:

- Administer the drugs or medications specified above only as directed,
- To keep the medication out of reach of all children
- To return any unused medication or empty prescription container to the parent or guardian when it is no longer needed or at the time specified above.

\_\_\_\_\_  
(Teacher/Director Signature)

\_\_\_\_\_  
(Date)

---

\_\_\_\_\_  
(Director's notification)

\_\_\_\_\_  
(Date)

**Hampton University Child Development Center  
School Health Form**

This form is to be completed by the parent or guardian of each child at the beginning of each school year and returned to the school.

Health Information

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Contact \_\_\_\_\_

Who is your child's doctor/clinic? \_\_\_\_\_

Who is your child's dentist/clinic? \_\_\_\_\_

Is the child under treatment or taking medication on a continuing basis? \_\_\_\_\_ yes \_\_\_\_\_ no

If Yes, please specify medicine or treatment \_\_\_\_\_

Please list any ALLERGIES (medicine, food, insect bites or other) that you child may have.

Has your child had any immunizations in the past year? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the child covered by the parent's or guardian's health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

Company and Policy Number \_\_\_\_\_

Does student com under parent or guardian's military benefits? \_\_\_\_\_ yes \_\_\_\_\_ no

Parent's/Guardian's ID Number \_\_\_\_\_

Important Parent Information

I understand that it is my responsibility to keep school authorities informed regarding whom to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**Hampton University Child Development Center  
EMERGENCY INFORMATION FORM  
2007 - 2008**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex\_\_ M\_\_ F\_\_ Race \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Social Security # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Emergency Phone Number \_\_\_\_\_

Father's Emergency Phone Number \_\_\_\_\_

List in priority order the persons, *other than yourself*, you want us to contact in case of an emergency.

NAME OF CONTACT	RELATIONSHIP	ADDRESS	PHONE NUMBER

1. The Hampton University Child Development Center will notify the above named persons in the event of an illness or emergency. The persons listed above agree to pick up your child as soon as possible, preferably within 20 to 30 minutes after notification, in the event of an emergency situation. (initials \_\_\_\_\_)
2. The parent/guardian authorizes the Hampton University Child Development Center to obtain immediate medical care if any emergency occurs, and none of the emergency contacts can be reached. (initials \_\_\_\_\_)
3. If an emergency should occur, the parent/guardian requests / authorizes the Hampton University Child Development Center to contact \_\_\_\_\_, my child's physician. The physician's telephone number is \_\_\_\_\_ (initials \_\_\_\_\_)
4. If an emergency should occur, the parent / guardian requests / authorizes the Hampton University Child Development Center to have emergency room doctors examine and treat my/our child for such emergencies as need may arise. Exceptions to treatments, if any are: \_\_\_\_\_ (Initials \_\_\_\_\_)

Health insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Sponsor's Social Security Number (if military) \_\_\_\_\_ Name \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Date of last DPT or Tetanus \_\_\_\_\_ Chronic Illnesses \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hampton University Child Development Center**

## Information, Research, Testing and Videotape Release Form

One function of the Hampton University Child Development Center is to serve as a laboratory for university students to observe, study, and research children's growth and behavior. Several different academic departments (including Psychology, Sociology, Education, Nursing and others) spend time in the observations rooms and in the classrooms interacting with the children. Occasionally, these interactions may involve asking the children and the parents to participate in small research projects and/or short videotaping segments for research purposes. Sometimes, students in nursing or education administer age-appropriate standardized tests to the children. Testing is kept to a minimum, and parents are notified prior to testing.

The Hampton University Child Development Center requests your cooperation in permitting your child to be a part of the educational process for Hampton University students. Occasionally, the university students require background and family information from the child in order to make their observations and/or interactions more meaningful to their learning processes. We request your permission and assistance in providing this information. However, in most instances, this information is available and will be taken from the child's application forms. Results of testing may be shared with parents on request.

Thank you for your cooperation.

---

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO** hereby give me permission for my child to participate in the information, research, testing, and video-taping opportunities offered by the Hampton University Child Development Center.

Date \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO NOT hereby** give permission for my child to participate in the information, research, testing, and video-taping opportunities offered by the Hampton University Child Development Center.

Date \_\_\_\_\_

## Hampton University Child Development Center

### General Field Trip Consent Form

Occasionally, during the year, the Hampton University Child Development Center staff and children may go on field trips to places of special interest. Each field trip will require that a fee be paid to cover the extra costs of transporting the children (chartering buses) as well as the cost of any admission tickets or fees. Parents will be given adequate notice to pay this fee. Depending upon the destination, the fee may range from \$4.00 to \$15.00 to participate.

On the day of the field trip, parents will be asked to leave their child's car safety seat at the School to be used when transporting them to the field trip site. Parents are encouraged, but not required, to accompany their child(ren). The space available on buses will be available only to staff and students. Parents will be asked to provide their own transportation.

Your signature on this form grants permission for your child to accompany his/her class on all field trips during the school year. No child will be permitted to take trips without this signed consent form from his/her parent/guardian.

Thanks for your cooperation.

---

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO** hereby give me permission for my child to participate in the field trip opportunities offered by the Hampton University Child Development Center.

Date \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ **DO NOT hereby** give permission for my child to participate in the field trip opportunities offered by the Hampton University Child Development Center.

Date \_\_\_\_\_

The Hampton University Child Development Center  
Eva C. Mitchell Hall  
Hampton, VA 23668

August 1, 2007

Dear Parents,

Beginning with the Fall 2006 semester, the Child Development Center will no longer be accepting registration fees or tuition payments in any form. All payments must be submitted to the Hampton University Business Office. There are several methods available to you to accomplish the payment.

Employees of Hampton University will be asked to use the payroll deduction option for payment of the child's tuition.

All other parents may

- mail their payments to Business Office; Hampton University; Hampton, VA 23668;
- pay by phone at 757-727-5663;
- pay at the Cashier's Office in Whipple Barn (between 8:30 and 4:00 daily) or in the Business Office; or
- pay by credit card

Making this change will allow the teachers to be more fully engaged with the children and will allow the Business Office to perform their function more efficiently.

Please complete the form below to accompany your payment.  
If you have any questions, please call me at 757-637-2026.

Sincerely,

Janice Cawthorn, Director  
Child Development Center

---

Parent's Name _____		Student's Name _____		
Address _____		City & State _____	Zip Code _____	Phone # _____
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Tuition for month of _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order
(Please Circle One)	VISA                  MASTER CARD	American Express	Discover Card	
Account Number: _____		Expiration Date _____		
Name of Card Holder: _____		Security Code _____		
Signature of Card Holder _____		Date _____		

Please mail to: Business Office, Hampton University, Hampton, VA 23668