# Beach Day School Registration 2027-28

**Check One**

| **5-day 2's** ☐ | **3-day 2's** ☐ | **2-day 2's** ☐ | **3's** class ☐ | **4's class** ☐ | **Jr. Kindergarten** ☐ | **Kindergarten** ☐ |
|---|---|---|---|---|---|---|
| Mon-Fri | MWF | Tu/Th | Mon-Fri | Mon-Fri | Mon-Fri | Mon-Fri |
| 9am-noon | 9am-noon | 9am-noon | 9am-noon | 9am-1pm | 9am – 3pm | 9am-3pm |

For **current** BDS families, all 4's students will be assessed in January to determine most appropriate JK or K placement for 2027-28, with results shared by 1/31/27. Parents who wish to request JK placement in advance may indicate that in the boxes above. For **new** families, please select JK or K to indicate your interest, and if space allows, your child will be assessed and a placement recommendation provided.

## Child Information

**Name of Child:** _____ _____ _____
*Last Name* *First Name* *Middle Name/Initial*

**Nickname, if any:**_____ **Birthdate:** _____ **Male** ☐ **Female** ☐
*Preferred name at school* *MM/DD/YYYY*

**Guardian Marital Status:** ☐Single ☐ Married ☐ Divorced **Child's Primary Residence:** ☐ Mother ☐ Father ☐ Both

**Child's Home Address**: _____
*Street Address* *City* *State* *Zip*

**Please indicate if you qualify for a 5% tuition discount if any one (1) of the following applies:**
☐ FPC Member ☐ Active Military ☐ Enrolling the younger sibling of a current BDS student ☐ Plan to Pre-Pay for the Year

## Parent/Guardian # 1 Information

**Parent/Guardian#1 Name:** _____ **Relationship to Child:** _____

**Physical Address:** _____ **Employer:** _____
*Street Address* *City* *State* *Zip*

Order of call
**Email:** _____ **Phone:** _____ **Cell:** _____
*Please write clearly*

**Phone:** _____ **Home:** _____

**Driver's License # / State**_____

## Parent/Guardian # 2 Information

**Parent/Guardian#2 Name:** _____ **Relationship to Child:** _____

**Physical Address:** _____ **Employer:** _____
*Street Address* *City* *State* *Zip*

Order of call
**Email:** _____ **Phone:** _____ **Cell:** _____
*Please write clearly_*

**Phone:** _____ **Home:** _____

**Driver's License # / State** _____

## Medical Information

**Pediatrician's Name** _____ **Phone:** _____

**Child's Insurance Provider:** _____ **Policy Number:** _____ _____

**Allergies (pls. list – Medication or Food):** _____ _____ _____

**Has your child been immunized?** ☐ Yes ☐ No *(Attach a copy of your child's immunization records or notarized exemption.)*

**Has your child ever received or been recommended for any of the following screenings:** (Pls. check all that apply)

☐ Vision ☐ Developmental ☐ Tuberculosis (PPD) _____
☐ Hearing ☐ Early Intervention ☐ Other _____
☐ Speech/Language ☐ Occupational Therapy (Pls. attach pertinent documentation)

# BDS Registration / Parent Contract 2027-28

Child's Name (please print clearly) _____
Please **read and initial** each statement below, and **then sign the bottom of this agreement**. Return this form at the time of enrollment.

## Section 1: Daily Procedures

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign in and out every day using the school's attendance procedure. I understand that I am required to escort my child from the designated drop-off area (and into the care of a staff member) each day. I further understand that once I have signed my child out, he or she is no longer under BDS staff supervision and that I am responsible for my child's behavior and safety.

_____ **HEALTH AND SAFETY:** I understand that I will be notified should my child become ill during the day and that I will pick him/her up promptly or arrange for an authorized contact person to pick up upon such notification. I agree that I will NOT bring my child to school until he/she has been fever-free (without medication), and/or has not vomited or had diarrhea for *at least* 24 hours. *(For example, if my child last had a fever/vomited/had diarrhea at 4pm Monday, I understand that he/she will not return to school until **Wednesday morning**.)* If my child is exposed to or contracts a contagious condition (i.e., a stomach bug, Covid, lice, chicken pox, etc.) I agree to notify the school immediately, and I understand that my child will be re-admitted according to the re-admission criteria in the Parent Handbook.

_____ **POTTY TRAINING:** I understand that all children attending Beach Day School 3's, 4's, and/or Kindergarten classes must be fully potty-trained, and self-sufficient in the bathroom.

_____ **PHOTO RELEASE:** I give my consent for Beach Day School to photograph or video my child or use photograph(s) or videos that already exist of my child that were taken while at school. I understand that said photos or videos may be posted on the school's website or social media pages. *If you do **not** give permission for your child's photo or video to be used, please do not initial.*

## Section 1: General Policies

_____ **CONFIDENTIALITY AND RESPECT**: I agree to respect the privacy and confidentiality of other families and students, refraining from sharing sensitive information without consent. I understand and uphold the values of respect and inclusivity, both for the school's staff, other parents, and children, promoting a positive and inclusive school environment.

_____ **PARTNERSHIP:** I agree to partner with the Beach Day staff to help facilitate a positive educational experience for my child. I understand that my active participation, regular communication, involvement in school activities, and support for my child's learning at home, are essential in ensuring their growth and development during their time at Beach Day Preschool.

_____ **COMMUNICATION**: "I understand the importance of open and effective communication with the school, including checking emails, text messages, and attending parent-teacher meetings. I will address any concerns or conflicts I might have through the school's established channels, promoting constructive dialogue and resolution.

_____ **INCLEMENT WEATHER:** I understand that if inclement weather causes Virginia Beach public schools to close, Beach Day School will also be closed. I further understand that if Virginia Beach public schools announce a 2-hour delay due to weather, BDS will OPEN at our regular time. I agree to look for announcements regarding school closures via email and text, and/or on the school's website and social media pages.

## Section 3: Payment and Enrollment Policies

_____ **TUITION:** I understand that Beach Day School's tuition is an **annual fee**, based on the entire school year, and that the number of days per month that school is in session is not a factor in the amount. I further understand that I am required to submit prompt payment, and if no payment has been made after 60 days, my child may not return to BDS until full payment is made.

_____ **WITHDRAWAL:** I understand that if I choose to withdraw my child before the upcoming school year begins, Beach Day School must receive notice by June 1st, so that I may receive my prepaid tuition deposit back.

_____ **ENROLLMENT STATUS:** I understand that the BDS administration reserves the right to terminate a child's enrollment at any time, if they feel it is in the best interest of the students and/or the general student body. Reasons for terminating a student's enrollment include but are not limited to: the inability of a child to adjust to school, disruptive behavior that makes the learning environment unsafe or not conducive to learning, non-payment of tuition, and misinformation on any registration forms.

*Parent Certification: I have read and understand the above policies and procedures, and I will read the Beach Day Parent Handbook. I agree to abide by these policies, along with the standards from the handbook.*

**Signature:** _____ **Date:** _____