



LANGO NORTHERN VIRGINIA
6213 Old Keene Mill Ct Suite – 14 Springfield, VA 22152 (703) 451 – 3954
info@langokidsnv.com

CHILD							
NAME		NICKNAME		SEX		BIRTHDATE	
ADDRESS						HOME PHONE	
PARENTS/GUARDIAN:							
FATHER'S NAME				HOME PHONE		CELL PHONE	
HOME ADDRESS (IF DIFFERENT)						E-MAIL ADDRESS	
OCCUPATION		PLACE EMPLOYED		BUSINESS ADDRESS		BUSINESS PHONE	
MOTHER'S NAME				HOME PHONE		CELL PHONE	
HOME ADDRESS (IF DIFFERENT)						E-MAIL ADDRESS	
OCCUPATION		PLACE EMPLOYED		BUSINESS ADDRESS		BUSINESS PHONE	
NAME OF PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD						HOME PHONE	
HOME ADDRESS (IF DIFFERENT)							
CELL PHONE				E-MAIL ADDRESS			
OCCUPATION		PLACE EMPLOYED		BUSINESS ADDRESS		BUSINESS PHONE	
HOME:							
LANGUAGES SPOKEN AT HOME:							
PRIMARY:				OTHER:			
OTHER PERSONS LIVING AT HOME:							
NAME		AGE		RELATIONSHIP			
1.							
2.							
EMERGENCY INFORMATION							
NAME OF CHILD'S PHYSICIAN						PHONE	
I GIVE PERMISSION FOR THE FOLLOWING TWO PEOPLE TO BE CALLED IN AN EMERGENCY IF I CANNOT BE REACHED. I ALSO AUTHORIZE THESE INDIVIDUALS TO PICK MY CHILD UP FROM LANGO NORTHERN VIRGINIA							
NAME				RELATIONSHIP TO CHILD			
ADDRESS				HOME PHONE		BUSINESS / CELL PHONE	
NAME				RELATIONSHIP TO CHILD			
ADDRESS				HOME PHONE		BUSINESS / CELL PHONE	
PERSON(S) AUTHORIZED TO PICK UP CHILD:							
PERSON(S) <u>NOT</u> AUTHORIZED TO PICK UP CHILD:							
(LEGAL PAPERWORK IS NECESSARY WHEN CUSTODIAL PARENT REQUESTS CENTER NOT TO RELEASE CHILD TO OTHER PARENT)							

* Note: Custodial parents and guardians are rightfully admitted into Lango Northern Virginia at any time per 63.2-1813 of the code of Virginia.

Lango Northern Virginia does not discriminate on the basis of race, color, religion, sex, material status, disability, age or national origin in services or accommodations offered or provided to our employees, clients or guests.

PROGRAM ENROLLMENT		
LANGUAGE OPTIONS		
<input type="checkbox"/> SPANISH	<input type="checkbox"/> MANDARIN	<input type="checkbox"/> ARABIC
PROGRAM OPTIONS		
<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> 2 Days (Tu-Thur)	<input type="checkbox"/> 3 Days (M-W-F)
	<input type="checkbox"/> 5 Days (M-T-W-Th-F)	
<input type="checkbox"/> AFTER SCHOOL	<input type="checkbox"/> LANGUAGE CLASSES	<input type="checkbox"/> SUMMER CAMP
LIST ALL PREVIOUS CHILD CARE PROGRAM		
NAME:	GRADE:	PHONE:
MEDIA RELEASE		

I GIVE PERMISSION FOR MY CHILD_____TO HAVE HIS/HER VIDEO OR PICTURE TAKEN WHILE PARTICIPATING IN LANGO NORTHERN VIRGINIA ACTIVITIES. I AM AWARE THAT THIS VIDEOS PINTURES MAY BE DISPLAY ON THE WEBSITE, NEWS LETTERS, FLYERS, SOCIAL MEDIA AND/OR ANY OTHER PUBLICATION REGARDING LANGO NORTHERN VIRGINIA ACTIVITIES.

PARENT'S SIGNATURE: _____ DATE: _____

AGREEMENTS	
<p>1. DO YOU AUTHORIZE LANGO TO ALLOW YOUR CHILD TO PARTICIPATE IN SCHEDULED FIELD TRIPS ?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	
<p>2. DO YOU AUTHORIZE TRANSPORT TO AND FROM TRIP DESTINATIONS?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	
<p>3. THE PARENTS/GUARDIAN AUTHORIZES LANGO NV TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN HE/SHE CANNOT BE LOCATED.</p>	
<p>4. THE PARENT/GUARDIAN AUTHORIZES LANGO NV TO POST HIS/HER CHILD'S ALLERGIES IN ORDER TO ENSURE HEALTH AND SAFETY.</p>	

		SIGNATURES			
PARENT OR GUARDIAN				DATE	
ADMINISTRATOR OF LANGO NORTHERN VIRGINIA				DATE	
DATE ADMITTED			DATE OF WITHDRAWAL		

		OFFICE USE ONLY			
		IDENTITY VERIFICATION			
TYPE OF DOCUMENT		PLACE OF BIRTH		BIRTH DATE	
DOCUMENT NUMBER		DATE ISSUED		PERSON REVIEWING DOCUMENT	

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, 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, copy of the conferring temporary legal custody or entrustment agreement of a child to an independent foster parent, or child identification card issued by the Virginia Department of Motor Vehicles (DMV). 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.