

■ 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 appliable)
 - ▣ 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, 2025

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