

## Agreements

**I agree to provide the following information to Child Arts Development  
Center before the child's first day:**

Completed and signed Registration Packet  
Updated shot record  
Va. State Physical form (within 30 days after enrollment)  
Proof of Identity of the child

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directors Signature

\_\_\_\_\_  
Date

Date child entered care \_\_\_\_\_

Date child left care \_\_\_\_\_

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Office use only  
Identity Verification

Place of Birth	DOB	Birth Certificate #	Date Issued
<b>Other</b>			