

## RIVERMONT AVENUE BAPTIST CHURCH EARLY LEARNING CENTER Child Registration Form

**Child Information:**

First Name	Last Name	Middle Initial	Preferred Name
Birth Date(MM/DD/YY)	Sex	Race (optional)	
Address	City	State	Zip Code
(Area Code) Home Phone	(Area Code) Cell Phone	Email Address	
Previous child care centers and/or schools attended			
Other program(s)/school(s) child is concurrently attending			Grade

**Parent/Guardian Information:**

Mother's Name	Employer	(Area Code) Work Phone
Home address if different from above (City/State/Zip)		(Area Code) Cell Phone
Father's Name	Employer	(Area Code) Work Phone
Home address if different from above (City/State/Zip)		(Area Code) Cell Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address (City/State/Zip)		(Area Code) Home Phone
Business Address (City/State/Zip)		(Area Code) Business Phone

**Medical Information:**

Allergies or Intolerance to Food, Medication, etc. Actions to Take in an Emergency.		
Chronic physical problems, pertinent developmental information and/or special accommodations needed.		
Health Care Provider	Address (City/State/Zip)	(Area Code) Phone
Insurance Company	Policy No.	Group No.

**Emergency Contact Information (two contacts that are not parent/guardian are required):**

Contact #1	Address (City/State/Zip)	(Area Code) Phone
Contact #2	Address (City/State/Zip)	(Area Code) Phone
Person(s) Authorized to Pick-Up- #1	List <b>EVERYONE</b> who is authorized to pick-up child. #2	<b><u>Attach additional page if necessary.</u></b>
#3	#4	
Person(s) <b><u>NOT</u></b> Authorized to Pick-Up. <b>Appropriate paperwork such as Custody papers must be attached if a parent is not allowed to pick-up child</b>		

Desired start date \_\_\_\_\_

**Program Information:**

Preschool

Desired Days of Week	Arrival Time	Departure Time
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School Age Programs: Please check all desired programs.

Before School: \_\_\_\_\_ Bus #: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

After School: \_\_\_\_\_ Bus #: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Summer Program:	Arrival Time	Departure Time
Days of Week		

**Payment Information: Tuition is billed on Monday of each week and is due on that day.**

Method of Payment: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly Person responsible for payment: \_\_\_\_\_

SS # \_\_\_\_\_

**Late payment fee: 10%**

**Agreements:**

\* Payments are due on Monday of the week your child will receive care. Payments for your child's care may be made on a weekly or bi-weekly basis. You must always pay one week ahead. At the end of each month a 10% fee will be assessed on all late payments unless prior payment arrangements have been made with the Director. If your account becomes forty-five (45) days delinquent, your child will not be allowed to return to Rivermont ABC Early Learning Center until your account is paid in full. If payment is NOT received, your account may be turned over to an attorney's office for collection. The parent/guardian will be responsible for all late fees, attorney's fees, judgments, interest and court costs incurred in the collection of your account.

Rivermont ABC Early Learning Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) agrees to arrange to have the child picked up as soon as possible if requested by the center.

The parent(s)/guardian(s) authorize Rivermont ABC Early Learning Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\* If there is an objection to seeking emergency medical care, a statement must be on file from the parent(s)/guardian(s) that states the objection and the reason for the objection.

The parent(s)/guardian(s) agree to inform the center within 24 hours after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the Board of Health (see attached), except for a life threatening disease, **which must be reported immediately.**

In case of a situation that requires an emergency evacuation of Rivermont ABC Early Learning Center, children and staff will walk to the ARC of Central Virginia at the end of Ruffner where we will await further instruction from emergency personnel and/or the arrival of parent(s)/guardian(s).

I have read and agree to comply with the above statements.

Parent(s)/Guardian(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To ensure acceptance into the program and to hold a space for your child, this form MUST be completed and returned to the DIRECTOR with the \$30 non-refundable registration fee.**

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This space is reserved for Rivermont ABC Early Learning Center Information and MUST be completed by the DIRECTOR:

Start Date:		Withdraw Date:	
Class Name:		Special Program:	
Date Registration Fee Paid:		Date Supply Fee Paid:	
Health Form Received:	Immunization Record Received:	Physical Form Received:	
Form of Proof of Identity:		Date Documentation Viewed:	Person Viewing Documentation
Place of Birth:	Date of Birth:	Birth Certificate Number: Date Issued:	

Please complete every blank. Do not leave any space empty. If not applicable, please write "NA". Thank you, RABC-ELC