

Registration Packet Checklist:

- Family Contact Info. (4 pages)
- Authorization for Emergency Care
- Parental Agreement
- Student Biography Form

FAMILY CONTACT INFO FORM-RHBC MOTHER'S DAY OUT

Child Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

Church Home: _____ Attends Church Regularly: Yes No

Parent/Guardian Information

Parent /Guardian 1 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone : () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Church Home: _____ Attends Church Regularly: Yes No

FAMILY CONTACT INFO FORM-RHBC MOTHER'S DAY OUT

Parent /Guardian 2 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address : _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Church Home: _____ Attends Church Regularly: Yes No

FAMILY CONTACT INFO FORM-RHBC MOTHER'S DAY OUT

Emergency Contacts & Authorized Pickup Persons: (you may make additional copies as needed)

1st Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone:() _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name : _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone:() _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

4th Contact/Pick Up First Name: _____ M.I. _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

How did you hear about our program: _____

Authorization for Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize River Hills Baptist Church Mother's Day Out/River Hills Baptist Church, Robstown, Texas staff to take _____ to an

Emergency room, or the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Family Insurance Co. _____ Policy # _____

Name of Insured _____

Special Instructions/or Allergies

List any permanent prescription drugs your child is presently taking; state frequency and dosage: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

(Signature of Parent /Guardian)

Parental Agreement

(Please initial beside each statement. If entry does not apply to you, please write N/A.)

_____ I have received/read the current Parent Handbook for the River Hills Baptist Church Mother's Day Out. I understand and agree to its policies and procedures.

_____ I understand RHBC Mother's Day Out discipline and guidance policy as stated in the Handbook.

_____ I understand RHBC Mother's Day Out is not responsible for meeting my child's nutritional needs as stated in the Handbook.

_____ I grant permission for my child to use all play equipment and participate in all of the activities of the RHBC Mother's Day Out.

_____ I grant permission for my child to be included in photographs connected to RHBC Mother's Day Out which may include our RHBC website and/or Facebook.

_____ I grant permission for the RHBC Mother's Day Out staff to spray my child with mosquito repellent.

X

_____ **Signature of Parent/Legal Guardian**

_____ **Date**

*If a family member or other individual is not allowed to pick up the student, please make note:

NAME OF INDIVIDUAL: _____

RELATIONSHIP/COMMENTS: _____

Please check all that apply.

Transportation: I hereby _____ give _____ do not give consent for my child to be transported and supervised by the operation's employees for the following:

_____ for emergency care

Water Activities: I hereby _____ give _____ do not give consent for my child to participate in the following water activities (including Splash Day):

_____ sprinkler play _____ splashing/wading pools _____ water table play _____ water slide.

Signed: _____

Revised 06/15

FAMILY CONTACT INFO FORM-RHBC MOTHER'S DAY OUT

Tuition / Payment Information:

Yearly tuition will be divided into nine school months and paid out on a monthly basis. Monthly payments for tuition are due on the 1st of each month. A late fee of \$10 will be posted to your account after the 8th of each month. If you are one month past due on tuition, your child cannot return to school and we will no longer hold your child's spot.

Preschool

9:00-2:00

Tuition for 2-day program: \$165.00

Non-refundable registration fee: \$100.00

Tuition is based on a full program and will not be reduced due to illness or absence. Thirty days written notice is required for withdrawal, so we will have time to fill the vacated spot. You are responsible for the full amount within that 30 day period.

I have read the above regarding my financial obligation and do hereby agree to the terms set forth:

Signature: _____ Date: _____
Signature of Parent/Guardian

Thank You!

Student Biography Form

Child's full name _____ Name he/she goes by _____
Child's Date of Birth: _____
Parent's Name _____ Phone Number _____
Parent's Name _____ Phone Number _____
Parent's E-mail Address _____
Home Address _____
Sibling(s) names/ages: _____
Child's favorite activity _____
Child's favorite toys _____
Does child spend most of his/her time alone? _____ With adults? _____
With other children? _____
What does the child do at home to help? _____
Does child have a pet? _____ If so, kind and name: _____
Does your child enjoy music? _____ Outside Play? _____
How would you describe your child's personality? _____
Has your child had previous day care experience? _____
Eating Habits/Favorite Foods: _____
Napping Habits: _____
How do you "reward" and "discipline" your child at home? _____

What are your main expectations of this program:

=====

SPECIAL INFORMATION:

List Any known Allergies/Reactions: _____

Does the child have asthma: _____ Treatment suggestions: _____

List any concerns with negative attitude, feeling of insecurity, scared of something, desire to have a lot of attention, etc.:

Behavior Habits: biting nails, finger sucking, tantrums, biting, etc?

Are there any concerns with speech or developmental delays? _____

Is child potty trained? _____

Toileting Habits: _____

ANY Other information that a teacher may need to know about your child: