CHILD DEVELOPMENT CENTER REGISTRATION FORM

____ 2019-2020 TE Cash Chk#_____

____ 2020-2021 TE Cash Chk# _____

____ 2021-2022 TE Cash Chk# _____

OFFICE USE ONLY

Please Print Or Type All Information

Please return all forms to the CDC office or return by email to susan@pelhamroad.org. If you are new to the CDC please bring your registration form and fee to the CDC office. If you are a currently enrolled family your registration fee will be added to your Tuition Express Account and you only need to fill out the half sheet confirmation that information is the same as last year.

Child's Information:			
Name: F, M, Last: Please circle preferred name	*Sex:*	*Date of Birth:*	*4 Digit Code for Security Doors Provided by Family:*
Child Lives With:	*Intended Enrollment Date*		
Parents/ Guardian Are Current Members of Pelham Road Baptist Church: YES NO			
Previous Centers, Mother's Morning Outs, or Home Care Child Has Attended And For How Long			
Parent/Guardian Information:			
Name:	*SC Driver's License Number*	*Code Word Required by DSS*	
Street Address:	*City/Zip:*		
Email Address:	*Employer:*		
Home Phone Number:	*Work Phone Number:*		
Cell Number:			
Parent/Guardian Information:			
Name:	*SC Driver's License Number*	*Code Word required by DSS*	
Street Address:	*City/Zip:*		
Email Address:	*Employer:*		
Home Phone Number:	*Work Phone Number:*		
Cell Number:			
Medical Authority and Pick Up Release of Child: *Must have at least 2 individuals who have the authority to decide emergency treatment for the child. These can also be the ones allowed to pick up your child. If you need more space use the back of this form. Include name, phone number, and relationship of person to your child.*	*Phone #*	*Relationship to Child*	
Name:			
Name:			

Medical History: *Has your child had any of the following? If yes, please explain*	YES	NO	EXPLANATION
Premature Birth			
Surgery			
Serious Illness			
Asthma			
Respiratory Infections			
Sudden High Fever			
Allergies			
Food Restrictions			

Please explain any other illness not described above or any medication needed daily:

Medical Information:	
Child's Name	*Date of Birth*
Doctor's Name	Practice Name
Street Address	City/Zip
Office Phone Number	Preferred Hospital
Dentist's Name	Practice Name
Street Address	City/Zip
Office Phone Number	*Children should visit a dentist as soon as 1 year old or when teeth have erupted*
Insurance Information:	
Company Name	Subscriber ID
Insurance Company Phone Number	Group #

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OFFICE USE ONLY

PARENT/GUARDIAN CONTRACT 2019-2020

Please complete this Parent/Guardian Contract Form *after* reading the 2019-2020 Parent Handbook found online at www.pelhamroad.org on the Child Development Center page.

I certify that to the best of my knowledge (child's name)_____ is in good mental and physical health and able to participate in the child care program at Pelham Road Baptist Church Child Development Center.

We understand that this Child Development Center is directly related to Pelham Road Baptist Church and upholds the same standards and principles.

We have read the *CDC Parent Handbook* and agree to comply with the policies and procedures specified in this document, including tuition and activity fees; all families pay using Tuition Express; there is a two week withdrawal notice; when inclement weather occurs notification will be made by the Tadpoles App to each family; and **discipline as the CDC will use redirection and give the child methods and language to solve their own problems. Corporal punishment and time out is never used by teachers or parents/guardians while at the CDC**.

We give permission for the applicant to take part in all CDC activities, including sports and CDC sponsored trips away from the premises. (Children under the age of three (3) do not leave the center in CDC buses for field trips. You will always be notified of field trips involving three (3) and four (4) year olds.) We give permission for our child to ride the bus for field trips to and from Pelham Road Baptist Church Child Development Center. We also give permission for our child to ride the bus in case of an evacuation from the Center.

We are aware of all scheduled holidays as listed in the *Parent Handbook* and that there is no prorating of tuition for holidays, inclement weather, withdrawal, or illness.

We give permission for our child(ren) to be photographed/videotaped for documentation and training purposes within the CDC and for church and CDC promotional purposes or social media.

We understand every effort will be made to contact us or our designated persons listed on the registration form, in the event of illness or injury, however, should injury or illness occur while my child is in the care of Pelham Road Baptist Church Child Development Center, we give permission for the center to obtain necessary emergency medical treatment.

Signatures:
Both Parents/Guardians Must Sign if Child Lives With Both Parents

Parent/Guardian A		Date	
Parent/Guardian B		Date	
Director/Operator/Staff Designee			

Reset

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Pelham Road Baptist Church Child Development Center County: Greenville

Address: 1108 Pelham Road (Street Address – no Post Office Boxes) Greenville, SC 29615 (City, State, Zip)

Child's Name: _____ (Last) (First) (Middle Initial) (Nick Name)

Date of Birth: _____ Enrollment Date: 8/10/2015

Child's Current Home Address: _____ (Street Address) (City, State, Zip)

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

_____ (Full Name) (Relationship)

Address: _____ (Street Address) (City, State, Zip)

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

_____ (Full Name) (Relationship)

Address: _____ (Street Address) (City, State, Zip)

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) ❑ Yes ❑ No

My Child will regularly attend this facility **FROM** 7 am/pm **TO** 6 am/pm

If Child is a drop-in, indicate hours of care: **FROM** 7 am/pm **TO** 6 am/pm

Check all days Child will regularly attend this facility: ☑ **Mon** ☑ **Tue** ☑ **Wed** ☑ **Thurs** ☑ **Fri** ❑ **Sat** ❑ **Sun**

Check all meals Child will receive daily: ❑ **Meals are not offered** ❑ **Breakfast** ☑ **Morning Snack** ☑ **Lunch** ☑ **Afternoon Snack** ❑ **Dinner** ❑ **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____ (Name)

_____ (Street Address) (City, State, Zip) (Telephone)

Emergency Care Provider: _____ (Emergency Facility Name)

_____ (Street Address) (City, State, Zip) (Telephone)

Dental Care Provider: _____
Name

_____
Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: ❑ Yes ❑ No ❑ N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

_____
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: Date: _____
Director/Operator/Staff Designee

TUITION Express

ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

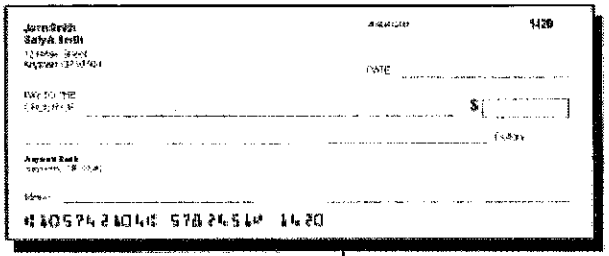
Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State Zip	City State Zip
		Type: ☐ Checking ☐ Savings
Routing Transit Number (see sample below)		**Account Number** (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number | Account Number | Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.