

**RCS Early Learning/Childcare Center  
Registration  
2011/2012**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ B.D. \_\_\_\_\_

Parent(s)/Guardian name(s): \_\_\_\_\_

Child's primary residence: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other important phone numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency person: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency person: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and phone numbers of persons permitted to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name, address, phone number of your child's physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last physical exam (mm/dd/yyyy): \_\_\_\_\_

Name, address, phone number of your child's dentist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific health problems about which staff should be aware, such as allergies, physical limitations, vision or hearing difficulties, etc.: \_\_\_\_\_

\_\_\_\_\_

Other information concerning your child about which you would like us to be aware:

## RCS Childcare/Early Education Financial Agreement

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Days/Times Child Will Need Care  
(Check Appropriate Spaces)

Day(s)    \_\_Monday    \_\_Tuesday    \_\_Wednesday    \_\_Thursday    \_\_Friday

Arrival time \_\_\_\_\_

Departure \_\_\_\_\_

I have read and agree to comply with the policies of the RCS Early Learning/Childcare Center regarding tuition fees and payment schedule. I understand that payment not received by the 10<sup>th</sup> of the month will be considered delinquent, and a \$25.00 late fee will be charged, unless special arrangements have been made with the financial secretary.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

## **RCS Early Learning/Childcare Permission/Authorization**

Child's Name \_\_\_\_\_

RCS Early Learning/Childcare has my/our permission regarding above named child:

\_\_\_ To use hand sanitizer when soap and water are not available.

\_\_\_ To transport on scheduled field trips

\_\_\_ To transport to obtain medical care, if necessary

\_\_\_ To take walks around RCS property

\_\_\_ To take photographs

\_\_\_ Other (specify below)

## **Transportation Policy of RCS Early Learning/Childcare Center**

It is the policy of RCS Early Learning/Childcare Center that children will be transported on the regular Riverside Christian School bus during the school year whenever possible. Professional bus drivers with appropriate licensing will be provided.

Should a bus not be available, children may be transported in private vehicles with prior written permission of parent/guardian. Copies of current driver's license and proof of current insurance must be on file in the RCS office. Insurance companies of private vehicle drivers will be notified.

Occasionally, an activity fee may be required to cover expenses of special field trips. Parent/Guardians will be notified prior to such events.

I have read and agree with the above policy. I grant the above named child permission to be transported by bus or private vehicle as stated. This permission is granted on condition that the provider is in compliance with the provision of WAC 388-155-165 Transportation.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Consent to Medical Care & Treatment of Minor Children**

I, \_\_\_\_\_ (the natural parent or legal guardian),  
herewith give permission for my child, \_\_\_\_\_  
to be given emergency treatment to include first aid and CPR by qualified child care  
personnel at the RCS Early Learning/Childcare Center.

I further authorize and consent to medical, surgical and hospital care, treatment and  
procedures to be preformed for my child by my child's regular physician, or when that  
physician cannot be reached, by a licensed physician or hospital when deemed  
immediately necessary or advisable by the physician to safeguard my child's health in the  
event that I cannot be reaches. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an  
emergency center for treatment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*For medication distribution forms, please see Mrs. Boyd in the Early  
Learning/Childcare Center.