



RIVERSIDE CHRISTIAN SCHOOL

2018/19 Early Learning Center Registration

Child's Name _____ Age: _____ Birthdate _____

Grade _____ Teacher _____

Parent's Name _____

Home Address _____ ST _____ Zip _____

Home Phone # _____

Mom Cell # _____ Dad Cell# _____

E - Mail _____

Is child living with both parents? _____ If not, with whom _____

Mother's Employment _____ Phone # _____

Father's Employment _____ Phone # _____

If any person, other than the custodial guardian are to be picking up the child, we must have written authorization from you. Picture ID will be required. We cannot release a child to anyone under the age of 18 years.

Person authorized to pick up child:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Person NOT authorized to pick up child:

Name _____ Relation _____ Phone # _____

Name _____ Relation _____ Phone # _____

Health History

Child's Physician _____

Address _____ Phone # _____

Dental Provider _____

Address _____ Phone# _____

Preferred Hospital _____

Date of last exam _____

Does your child have any special health problems that the staff should know?

Please X any of the following that may apply to your child.

Diabetes _____ Vision _____ Hearing loss _____ Behavior disorder _____

Asthma _____ Food Allergies (specify) _____

Allergies (specify) _____

Other _____

Name of medications and what it is used for:

How does your child act when ill ? _____

Riverside Early Learning Center Financial Agreement

Child's Name: _____ Grade: _____

Parent/Guardian Name _____

The Early Learning Center is open to students ages 3 years and potty trained to 12 years old from 7:45am-6pm, Monday through Friday. Students will be signed out of ELC at 7:45am before school and signed in at 3pm after school. The ELC is based on a first-come-first-served basis. Please fill in your requested Drop-Off and Pick-Up time below.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------|---------|-----------|----------|--------|
| My student is enrolled in 2-Day PS on Tue and Thu from 8:15-11:15am. He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | _____ | PS | _____ | PS | _____ |
| 12-3: | _____ | _____ | _____ | _____ | _____ |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in 3-Day PP on Mon, Wed and Fri from 8:15-11:15am. He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | PP | _____ | PP | _____ | PP |
| PM: | _____ | _____ | _____ | _____ | _____ |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in PK. If my student is placed in AM from 8:15-11:15, He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | PK | PK | PK | PK | PK |
| PM: | _____ | _____ | _____ | _____ | _____ |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in PK. If my student is placed in PM from 12-3, He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | _____ | _____ | _____ | _____ | _____ |
| PM: | PK | PK | PK | PK | PK |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in K. If my student is placed in AM from 8:15-11:15, He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | K | K | K | K | K |
| PM: | _____ | _____ | _____ | _____ | _____ |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in K. If my student is placed in PM from 12-3, He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | _____ | _____ | _____ | _____ | _____ |
| PM: | K | K | K | K | K |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |
| My student is enrolled in 1-5th grade from 8:15-3pm. He/she will need childcare on: | | | | | |
| 7:30-7:45: | _____ | _____ | _____ | _____ | _____ |
| AM: | _____ | _____ | _____ | _____ | _____ |
| PM: | K | K | K | K | K |
| 3-6pm: | _____ | _____ | _____ | _____ | _____ |

I have read and agree to comply with the policies of the Riverside Early Learning Center regarding tuition fees and payment schedule. I understand that payment not received by the 20th of the month will be considered delinquent and a \$25 late fee will be charged, unless special arrangements have been made with the business office.

Parent/Guardian Signature: _____ Date: _____

First Aid Permission & Emergency Information

Child's Name: _____ Birthday _____

I give RCS Early Learning permission to administer First aid/CPR to my child _____. In case of emergency, accident or illness, and in the event that person below cannot be reached, the undersigned hereby gives consent to surgical or medical treatment as well as medical transportation by ambulance or aid car deemed necessary for my child: _____ by any licensed physician or hospital.

Parent/Guardian _____ Date _____

Emergency Information

Parent's Name _____

Address _____ City _____ Zip _____

Home Phone # _____

Mom Cell # _____ Dad Cell # _____

Mom Work Phone # _____ Dad work Phone# _____

Family Doctor _____ Phone # _____

Dental Provider _____ Phone # _____

Insurance No. _____ Company _____

Preferred Hospital _____

In case of emergency when neither parent can be reached, please contact:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Riverside Early Learning Permission/Authorization

Child's Name _____

Riverside Christian School's Early Learning Center 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 - only by RCS staff members
- ____ other (specify below)

Transportation Policy of Riverside Early Learning Center

It is the policy of RCS Early Learning Center that children will be transported on the 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 170-155-165 Transportation.

Parent/Guardian Signature _____

Date _____