

Risen Christ Lutheran Church and School CDC

843-272-8163

www.risenchristmyrtlebeach.org

Parent/Guardian Information:

Mother/Guardian: First Name _____ M.I. ____ Last Name _____
SS#: _____ Date of Birth: _____ Email: _____
Occupation: _____ Employed by: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Church Membership: _____ Pastor: _____

Father/Guardian: First Name _____ M.I. ____ Last Name _____
SS#: _____ Date of Birth: _____ Email: _____
Occupation: _____ Employed by: _____
Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Church Membership: _____ Pastor: _____

Child's Registration Information:

First Name: _____ Middle: _____ Last: _____
Nickname: _____ Gender: M F Ethnicity: _____
Date of Birth: _____ SS#: _____
Child lives with: _____
Baptism / Dedication Date: _____

First Emergency Contact (usually a parent or guardian)

Name: _____ Phone Number: _____
Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Insurance Provider: _____ Policy Number: _____

Risen Christ Lutheran Child Development Center operates an open door policy. For the consideration of all the children, we **do not** accept children during lunch and nap time.

Program: Infant Toddler 2-3 year olds 3-4 year olds 4-5 year olds

Schedule: Full-time

Medical:

Does your child have any special feeding problems? _____
Does your child have any food or other allergies? _____
Does your child have any other medical conditions that may require special attention? _____

Sleeping:

Does your child have any sleeping difficulties? _____
Does your child sleep with a pacifier? _____

Toileting:

Does your child get frequent diaper rashes? _____

Does your child have any toileting problems (frequent diarrhea or constipation)? _____

Has toilet training been attempted at home? _____

Social/Emotional:

Has your child had experience playing with other children? _____

How does your child get along with other children? _____

How would you describe your child's temperament (friendly, shy, aggressive)? _____

Does your child have a special toy or blanket? _____

What makes your child nervous or frightened? _____

Additional Comments & Information:

If there is any other information that you would like to share with our management and teaching staff, please describe: _____

All the above information provided with this registration of _____ (child's name) is true and factual to the best of my / our knowledge.

Risen Christ Lutheran School and Child Development Center reserve the ability to increase fees with a 30 day written notice.

Signature: _____
Parent/ Guardian

Date: _____

Signature: _____
Director/ Operator/ Staff Designee

Date: _____

*****Risen Christ Lutheran Church and School Child Development Center*** (RCLC&SCDC)**

Please initial next to each item and sign below.

____ REVIEW OF POLICIES AND PROCEDURES

I have received and read the complete *Policies and Procedures Handbook* for RCLC&SCDC, and tuition payments. I also understand that my child cannot begin classes until all required forms have been received.

____ TUITION

I understand that I am obliged to give **TWO WEEKS NOTICE in writing** in the event that my child will no longer attend this program. I will be responsible for paying tuition during this time even if my child is not attending during these two weeks. I also understand that full tuition rates are charged even during times that my child may not attend or when the center is closed due to holidays, teacher training days, severe weather, or etc. Registration fees are not refundable and are payable annually.

____ DISCIPLINE

RCLC&SCDC promotes positive behavior by teaching age-appropriate social and emotional skills and by using positive guidance procedures to prevent most behavior mistakes. We also strive to lesson discipline problems by having realistic expectations for the children based on their developmental stages, having creative learning centers and activities which engage children, giving recognition for positive actions, and trying to defuse conflicts or stressful situations before problems arise.

In the event of misbehavior, a staff member will point out the behavior that is unacceptable, while always demonstrating unconditional acceptance of your child. The staff member will then explain to your child why the action cannot be permitted, and discuss with them alternative behavior, i.e., "What could you have done?". Acceptable methods of discipline include redirection of activities, removal from the area, use of "time-out", and logical consequences. Any continuing behavioral problems will result in consultation with the child's parents in order to arrive at a course of action acceptable to both the parents and the center.

At no time will food or sleep be withheld or forced as punishment, will a child be put into unsupervised isolation, will children be used to discipline other children, or will a child be drugged or mechanically restrained. Additionally, physical punishment and verbal abuse will never be used as discipline methods. Parents and staff members shall sign an understanding and agreement to the discipline policies listed above.

____ FULL AND FREE ACCESS

I understand that as a parent of a child enrolled at RCLC&SCDC I have full and free access to my child without prior notice while my child is receiving care unless there is a court order limiting parental access. I also understand that this access must not disrupt instructional activities and classroom routines.

____ SCHEDULE

I understand that my child must be at school each day by 10:00am to be allowed to attend preschool for the day. I also understand that if there is a doctor, dentist, or other required appointment that will make it necessary for my child to come to school later than 10:00am I must let my child's teacher know in advance. I am aware that my child will be provided meals and snacks only when they are in attendance at the time that the meal or snack is served and that my child may not bring food to school to eat at other times during the day.

____ RELEASE OF CHILDREN

Children will only be released from the center to persons listed on the authorization form found in your registration packet. If my child is to be picked up by someone not indicated on the authorization to pick up list, I must leave advance written consent including the name of the person picking up the child and the applicable dates. Picture ID will be required before children will be released to anyone unfamiliar to staff members.

_____CONFIDENTIALITY

I understand that my child’s record, emergency information, photograph and other information about the child or family that may identify a child by name or address is confidential and may not be copied, posted on a website, or disclosed to unauthorized persons without written consent from the child’s parent.

_____PERMISSION TO PHOTOGRAPH

I give permission for my child to be photographed or videotaped for display in school, outside the school, or in the news media. These photos will ONLY be used to represent our children at play or work.

_____MEDICATION

At the strong recommendation from the South Carolina Department of Social Services, *RCLC&SCDC* does not administer medication. I understand that I need to ask my child’s physician to make prescriptions for two times per day so that I can administer medication before and after school.

In the event that prescription medication MUST be given during school hours, my written, signed consent and a doctor’s note is required before center staff will administer medication. Prescription medication must be in the original prescribed bottle and can only be given to the child for whom it is prescribed. Staff will administer medication only in the prescribed doses, and will initial the Medication Log after indicating the time the medication was given and the amount given. All medications are kept in a cabinet inaccessible to children.

_____ACCESS TO FIRST AID KIT

I understand that at *RCLC&SCDC* the following items, at a minimum, are in the First Aid Kit and may at the time of an injury be used on my child/children:

- Band-Aids
- Cold Packs
- Anti-Bacterial Cream
- Anti-Itch Cream
- Vaseline
- Alcohol Wipes

_____APPLICATION OF SUNSCREEN AND BUG SPRAY

I authorize *RCLC&SCDC* to apply sunscreen and/or bug spray to my child when it is deemed appropriate or necessary by staff. I understand that if my child needs a special sunscreen or bug spray it is my responsibility to provide written notification to the director and to provide sunscreen or bug spray labeled with my child’s full name.

_____EMERGENCY MEDICAL TREATMENT/TRANSPORTATION POLICY

I authorize *RCLC&SCDC* to obtain emergency medical treatment for my child. I understand that if financial obligations are involved I will be responsible for all payments.

I release *Risen Christ Lutheran Church and School Child Development Center* and all staff of any legal obligations if something shall happen to my child by accident of his/her own fault, including any emergency situation and the outcome of said emergency that should occur, as long as staff performed emergency treatment to the best of their ability and followed all proper procedures.

_____WATER ACTIVITIES

I give permission for my child to participate in outdoor water activities. Prior notification will be provided to me.

_____FIELD TRIPS

I give permission for my child to be transported to and from the facility for field trips. Prior notification will be given to me, and a signed permission slip will be required for each trip.

Parent or Guardian Signature

Date