

## 2018/2019 ENROLLMENT PACKET

### TO RE-ENROLL A CHILD WHO IS CURRENTLY ATTENDING

1. No need to complete this Enrollment Packet
2. Stop at school office after February 21, 2018 to review and update forms currently on file
3. Sign new tuition contracts
4. Pay re-enrollment fee (to expedite re-enrollment, a check is preferred)

### TO ENROLL A CHILD FOR THE FIRST TIME

1. Complete a 2018/2019 Enrollment Packet
2. Pay enrollment fee (to expedite enrollment, a check is preferred)
3. Submit court ordered documentation if applicable
4. Photo copies (not originals):
  - Child's birth certificate OR passport
  - Child's Social Security card
  - Proof of current residency (electric, gas, auto registration, etc.)
  - Parent(s) Driver's Licenses

### PROOF OF CHILD'S PHYSICAL EXAM

If your child **has attended** a grade of kindergarten or above in a public elementary school, you are exempt from the requirement stated below:

#### **JFS 01305 CHILD MEDICAL STATEMENT FOR CHILDCARE**

This form is required at the time of enrollment. The JFS 01305 *Child Medical Statement for Child Care* form must be given to your child's pediatrician's office to be completed. We must have verification of your child's current examination and immunization record. The form must be resubmitted annually when the "Date of Examination" expires.

### COURT ORDERS & DOCUMENTATION

If there is a custody order, court order or tuition financial responsibility order involving your child, you must provide us with a current copy of the order at the time of enrollment. We cannot deny any parent access to their child without legal documentation on file. It is the enrolling parent's responsibility to provide all court orders addressing parental rights, such as custody and visitation rights, in regard to the child enrolled in our program.



**5-STAR**  
AWARD WINNER!



**Celebrating 40 Years of EXCELLENCE**

# Financial Policies

## **Tuition Payments**

- Payment is due the first day your child attends each week
- Charges for overdue payment will be automatically added to your account
- Credit, debit, check, and cash accepted
- Advance payments accepted
- No invoices or bills are mailed from our office

## **Returned Checks**

\$30.00 service charge. Accounts with more than one returned check that is unable to process due to NSF, must make all future payments by cash, bank check or money order.

## **Tuition Increase/Decrease Fee**

Parent/Guardian initiated changes made for the upcoming enrollment period and throughout the program year, will be assessed a \$25.00 fee if the change in the child's schedule causes the tuition amount to decrease. This does not apply to children being withdrawn.

- Summer: Changes made after April 30 will be charged
- School Year: Changes made after May 31st will be charged

## **Early Withdrawal Fee**

Written notice of student withdrawal is required two weeks in advance. Failure to provide a two week written notice will result in an additional week's tuition charge.

## **Summer Vacation Credit**

- Students attending the entire summer program will receive one week's credit. If withdrawn early, any credit received will be added back to the student's account.
- A vacation request form must be completed and submitted to the school office prior to vacation dates taken. This form can be found online at [rivertreechristianschool.com](http://rivertreechristianschool.com) or in the school office.

## **School Year Vacation Credit**

- Students enrolled for Full-Day earn this credit – Part-Day and Kindergarten students do not earn this credit.
- Students attending the entire school year will receive one week's credit. If withdrawn early, any credit received will be added back to the student's account.
- A vacation request form must be completed and submitted to the school office prior to vacation dates taken. This form can be found online at [rivertreechristianschool.com](http://rivertreechristianschool.com) or in the school office.

## **School Year Illness Credit**

- Students enrolled for Full-Day earn this credit – Part-Day and Kindergarten students do not earn this credit.
- Students attending the first day of school and continue enrollment through the last day of school will receive three days of illness credit. Illness credit will be given for hospital stays, surgeries/recoveries and diagnosed Communicable Diseases with supporting documentation.

## **Closed - You ARE NOT charged for these days**

- Thanksgiving Day and the Friday after
- Christmas Break

## **Closed - You ARE charged for these days**

- Good Friday
- Memorial Day
- July 4<sup>th</sup>
- Labor Day

## **RT Kindergarten Only Closed– Kindergarten students ARE NOT charged for these days**

- Kindergarten Spring Break (same dates as Jackson Local Schools)
- Columbus Day
- MLK Day
- President's Day

We offer families with school-aged children the opportunity to enroll their child into our calamity/non-public program. This provides care for school aged children on these days.

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of <b>at least one person</b> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City	State	City		State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No  
 Yes - please explain

Does the current special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/Type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medication.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name:
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/Type A home's policy or another:
<input type="checkbox"/> I agree with the program's policy <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

<b>Give Permission to Transport</b>	<b>OR</b>	<b>Do Not Give Permission to Transport</b>
Program or Home Name	<b>Do not sign both</b>	Program or Home Name
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature      Date		Parent's Signature      Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the centers or type A home's policies and procedures/handbook. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> <i>(check one)</i>
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This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.			
Parent/Guardian Signature's		Date	
Administrator/Designee Signature		Date	
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by childcare providers to meet the requirements of rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



## Student Pick-up Authorization

In addition to the names I have listed on my child's "Child Enrollment and Health Information" form, the names listed below are persons who are 18 years of age or older and authorized to pick up my child from RiverTree Christian School & Childcare Center. (Include guardians, grandparents, carpool pick-up, childcare providers, etc.)

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

Adult's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Adult's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Adult's Name \_\_\_\_\_ Phone # \_\_\_\_\_

(Phone numbers are used as identifying codes for student attendance log in.)

### PLEASE NOTE:

**Anyone coming to pick up your child whose name does not appear on this list will not be allowed to leave with your child.** All those picking up a child must be prepared to present state issued picture identification or driver's license. This is to ensure the safety of your child. There will be no exceptions to this policy. Parent signature below acknowledges acceptance of this policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LANGUAGE DATA

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

SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Is this child a U.S. Citizen?  Yes  No If "No", list nationality: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Birth Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

**Is this student from Hispanic/Latino heritage?**  Yes  No

(Person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture/origin, regardless of race.)

**Summative Race/Ethnic Element:**

White  Black  Hispanic  Asian  Pacific Islander  American Indian/Alaskan Native  Multi-Racial

**Race Detail Element. If #1 is yes or #2 is multi-racial, please indicate one of the following:**

White  Black  Hispanic  Asian  Pacific Islander  American Indian/Alaskan Native

What is this child's native language? \_\_\_\_\_

What language did this child speak when he or she first learned to talk? \_\_\_\_\_

What language does this child use most frequently at home? \_\_\_\_\_

What language do you use most frequently to speak to this child? \_\_\_\_\_

What language do the adults at home most often speak? \_\_\_\_\_

If this child has attended school in the United States, for how long? \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

How did you hear about our school?

Personal Referral \_\_\_\_\_  Facebook  Online  RT Church  Other: \_\_\_\_\_

## MEDIA RELEASE

I grant permission to RiverTree Christian School/Church to use my child's name, photograph, slide, audio, and/or video recording in its media releases (including newspapers, special events, school publications, presentations and/or web pages.

I grant permission to RiverTree Christian School/Church to use my child's image in the form of promotional video to be projected during church services held at RiverTree Christian Church.  
 I deny

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

## PRE-K NAP REQUEST

Pre-K classrooms do not have a scheduled nap time. They do have a scheduled "Quiet Time" from 1:00-1:30pm in their classroom. However, if you want your Pre-K child to nap 1:00-2:30 p.m. every day, we will accommodate your request. Nap rooms fill quickly, please be sure of your choice below.

NO, my Pre-K child will not need to take a nap.  YES, my Pre-K child will need to take a nap daily.

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



# Custody Information

## Section 1 – PARENT/GUARDIAN INFORMATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### A. Student lives with (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother & Father    | <input type="checkbox"/> Mother         | <input type="checkbox"/> Father             |
| <input type="checkbox"/> Mother/Step-father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Father/Step-mother |
| <input type="checkbox"/> Grandparent        | <input type="checkbox"/> Foster Care    | <input type="checkbox"/> Other              |

### B. List the parent(s), guardian(s), grandparent(s) and additional children with whom the child resides:

Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____
Name _____	Relationship _____	Phone# _____

## Section 2 - CUSTODY INFORMATION

If student lives with BOTH parents whom are married, this section can be skipped. Go to Section 3

- Separated, but not legally divorced
- Divorced with shared parenting
- Divorced. Full custody is granted to \_\_\_\_\_.
- Parents never married; no custody order exists
- Mother is deceased
- Mother is incarcerated
- Father is deceased
- Father is incarcerated
- Court placed

Are there court orders restricting a non-custodial parent?  YES  NO

## Section 3 - PARENT/GUARDIAN SIGNATURE

I certify that the above information is true and accurate. I understand that if this information is false, my child could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )	Date of Birth
✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. ✓ This above named child has been immunized in accordance with the requirement of section 5104.014 of the Ohio Revised Code (please note any exceptions below)	
<b>Signature</b> of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Telephone
Street Address	
City, State and Zip Code	

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

**Exceptions to immunization requirements pursuant to 5101.014 ORC** (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note the disease above and sign below.

Signature of Parent	Date of Signature
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**Optional Recommended Assessments/Screenings**

Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

**Measurements**

Height	
Weight	
BMI	

**Notes:**

Every child that attends RiverTree Kindergarten and younger, must have on file verification of a medical examination within the last 13 months.

Children who attend a grade of kindergarten and above in a **public elementary school** are exempt from completing this form.



# Electronic Funds Transfer (EFT) Authorization

**ezEFT**™ is the easiest way to pay your child care tuition.  
It's simple, secure and, best of all, FREE!

No more writing checks.  
Simplify your life with automatic child care payments.



\_\_\_\_\_  
Child's First & Last Name

\_\_\_\_\_  
Additional Child First & Last Name

INITIAL SET UP EFT       CONTINUE USING CARD ON FILE       CHANGE TO EFT INFO

**AUTHORIZATION STATEMENT;**

I hereby authorize RiverTree Christian School to initiate debits from the card account indicated below for payments of weekly child care tuition. Payments will be deducted on Tuesday or Wednesday of each week. This authority is to remain in effect until RiverTree Christian School receives notification of its termination from the undersigned party.

I will give written notification to RiverTree Christian School if I decide to make any changes to this authorization, discontinue this service, change or close debit or credit card account.

CARD HOLDER'S NAME: \_\_\_\_\_  
(Print name exactly as it appears on card)

CARD NUMBER #: \_\_\_\_\_ CVC CODE \_\_\_\_\_ EXP. DATE: \_\_\_/\_\_\_

VISA\_\_\_ MASTERCARD\_\_\_ DISCOVER\_\_\_ DATE TO START PAYMENT: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_