



2019/2020 ENROLLMENT PACKET

INSTRUCTIONS TO RE-ENROLL A CURRENT STUDENT

1. Stop in the school office beginning February 12, 2019 to update enrollment forms currently on file.
2. Pay a "Re-Enrollment" fee of \$25 per child by check or cash. (Kindergarten enrollment fee is \$75).

INSTRUCTIONS TO ENROLL A NEW STUDENT

1. Complete a 2019/2020 Enrollment Packet for each child you are enrolling.
2. Make a photo copy of each of the following documents:
 - 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
 - Any court orders pertaining to the child
3. **Take the "JFS 01305 Child Medical Statement for Child Care" form in this packet to your child's pediatrician. Bring the completed form with you to enroll.** (Children who currently attend a grade of kindergarten and above in a public elementary school are exempt from this requirement.)
4. Bring all items listed above to the school office beginning February 18, 2019.
5. Pay "New Enrollment" fee of \$30 per child by check or cash. (Kindergarten enrollment fee is \$75)

COURT ORDERS & LEGAL DOCUMENTATION

If there is a custody order, court order or tuition financial responsibility order involving your child, you must provide us with a current legal copy of the order at the time of enrollment. We cannot deny a 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.



Financial Policies

(Keep this page at home)

Tuition Payments

- Payment is due the first day your child attends on a weekly basis.
- 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 unable to be processed 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 This does not apply to children being withdrawn.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 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 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.

Completely Closed – Accounts ARE NOT charged tuition for the days listed below:

- Thanksgiving Day and the Friday after
- Christmas Break – December 23, 2019 through January 5, 2020. (Classes resume January 6, 2020)

Completely Closed – Accounts ARE charged tuition for the days listed below:

- Good Friday
- Memorial Day
- July 4th
- Labor Day

RT Kindergarten Additional Closures– These scheduled closures apply ONLY to our RiverTree Kindergarten class. Accounts ARE NOT charged for the additional days listed below. All other age classes remain in session.

- Kindergarten Spring Break - March 23-27, 2020 (ALL other classes remain in session)
- Columbus Day
- MLK Day
- President's Day

We offer families with school-aged children, in the Jackson Local School system, the opportunity to enroll their child for childcare when the district has weather closures and/or scheduled closures other than Christmas Break.

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?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . 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 childcare 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

Give Permission to Transport	OR	Do Not Give Permission to Transport
Program or Home Name		Program or Home Name
has permission 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.	Do not sign both	does not have permission 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		Parent's Signature
Date		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. <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)

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.

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

1) 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.)

2) Summative Race/Ethnic Element

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

3) 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?

Referred (name) _____ Facebook Online RT Church Other: _____

Do you attend a local church? Yes No If so, which one? _____

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.

Parent/Guardian Signature _____

PreK 4's & 5's Nap Request

We do not schedule naptime for four & five year old students during the summer program. During the school year, full day, Pre-K classrooms do not have scheduled naptime. They do have a scheduled "Quiet Time" from 1:00-1:30pm.

If you want your Pre-K child to take a daily nap, 1:00-2:30 p.m. during the school year, we will accommodate your request. Nap rooms fill quickly please be sure of your choice.

I want my PreK child to take a daily nap during the school year. No Yes

Pick Up & Custody Information

Child's Name _____

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(s) | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Other |

Additional Adults and Children in the Household

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Parent's Marital Status

- | | |
|---|--|
| Are there court orders restricting a non-custodial parent? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Parents never married; no custody order exists | <input type="checkbox"/> Married |
| <input type="checkbox"/> Legally separated | <input type="checkbox"/> Mother incarcerated |
| <input type="checkbox"/> Divorced with shared parenting | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Divorced with full custody granted to _____. | <input type="checkbox"/> Father incarcerated |
| <input type="checkbox"/> Court placed | <input type="checkbox"/> Father is deceased |

Authorized to Pick Up

In addition to the names I have already 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.

Adult's Name _____ Phone # _____

Adult's Name _____ Phone # _____

Adult's Name _____ Phone # _____

Adult's Name _____ Phone # _____

Adult's Name _____ Phone # _____

Unauthorized people will not be allowed to leave with your child. All those picking up a child must be prepared to present a 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.

By signing this form below, I attest that the above information is true and correct. In case any of the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that my child will be withdrawn from RiverTree Christian School.

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)	
Signature of examining Physician/PA/APRN/CNP	Date of Examination
Name of examining Physician/PA/APRN/CNP	Phone
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		Notes:	
Height			
Weight			
BMI			

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's First & Last Name

- Check all that apply: First time set up of EFT
 Change to current EFT info
 Authorizing use of current card on file throughout the summer
 Authorizing use of current card on file throughout the school year

AUTHORIZATION STATEMENT:

I hereby authorize RiverTree Christian School to initiate debits from the card account indicated below for payments of weekly childcare tuition. Payments will be deducted on 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: _____

2019 Summer Tuition Rates
2019/2020 School Year Tuition Rates

	# of Days	Weekly	5% Discount
Infant	5	\$230	\$219
6wks through 17mos	4	\$207	\$197
	3	\$173	\$164
Toddler	5	\$205	\$192
18mos through 2yrs	4	\$185	\$176
	3	\$155	\$147
Part Day Classes - 8:45am-11:45am (Must be completely toilet trained & 3 by Sept. 30)			
Preschool 3's	T/TH	\$45	\$43
Preschool 3's, PreK 4's & PreK 5's	M/W/F	\$50	\$48
PreK 4's, PreK 5's & Transitional K	M-F	\$65	\$62
Preschool 3's and PreK 4's & 5's	5	\$175	\$166
	4	\$158	\$150
	3	\$132	\$127
RT Kindergarten	5	\$85	\$81
Before Care	5	\$25	\$24
	4	\$20	\$19
	3	\$15	\$14
Summer K-4th Grade	5	\$175	\$170
	4	\$158	\$150
	3	\$132	\$127
Before Public School Care K- 4th Grade	5	\$48	\$46
	4	\$43	\$41
	3	\$36	\$34
After Public School Care K-4th Grade	5	\$75	\$71
	4	\$67	\$64
	3	\$56	\$53
School Age Weather & Scheduled Closures	1	\$35(day)	\$33(day)

Enrollment Fees

Re-Enrollment	\$25
New Enrollment	\$30
Kindergarten	\$75
Family Maximum	\$100

Family Discount

5% off rate for each additional child