



## 2020/2021 ENROLLMENT PACKET

### TO RE-ENROLL A CHILD CURRENTLY ATTENDING

1. Complete this 2020/2021 Enrollment Packet. The information you enter on these forms will not be used until your child's first day of attendance in our upcoming summer or school year program.
2. You do not have to have the "JFS 01305 Child Medical Statement for Child Care" form in this packet completed at the time you re-enroll your child.
3. Pay a re-enrollment fee of \$25 per child, \$75 for our Kindergarten.
4. Bring completed forms and fee to the school office beginning February 11, 2020.

### TO ENROLL A SIBLING OF A CHILD CURRENTLY ATTENDING

1. Complete this 2020/2021 Enrollment Packet.
2. Make photocopies of your child's birth certificate or passport and their social security card.
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 if possible. However, if your child currently attends a grade of kindergarten or above in a public elementary school, you do not need to return this form.
4. Pay an enrollment fee of \$30 per new child or \$75 for our Kindergarten
5. Bring completed forms, supporting documents and fee to the school office beginning February 11, 2020.

### TO ENROLL A NEW STUDENT

1. Complete this 2020/2021 Enrollment Packet.
2. Make photo copies 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 if possible. However, if your child currently attends a grade of kindergarten or above in a public elementary school, you do not need to return this form.
4. Pay an enrollment fee of \$30 per child or \$75 for our Kindergarten.
5. Bring completed forms, supporting documents and fee to the school office beginning February 17, 2020.

### 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 and complete 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

## TUITION PAYMENTS

- Payment is due the first day your child attends each week
- Charges for overdue payment will be automatically added to your account
- Auto pay, credit, debit, check, and cash are accepted.
- You will not receive an invoice or bill.



## 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 31 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 tuition credit. Illness tuition credit will be given for hospital stays, surgeries/recoveries and diagnosed Communicable Diseases when supporting documentation from examining physician is submitted to the Finance Office.

## COMPLETELY CLOSED – Tuitions IS NOT charged for the days listed below:

- Thanksgiving Day and the Friday after
- Christmas Break – December 21, 2020 through January 3, 2021. (Classes resume January 5, 2021)

## COMPLETELY CLOSED – Tuition IS charged for the days listed below:

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

If a holiday falls on a Wednesday, auto payment will be withdrawn Thursday.

## RIVERTREE KINDERGARTEN ADDITIONAL CLOSURES

These scheduled closures apply ONLY to our RiverTree Kindergarten class. Tuition IS NOT charged for the additional days listed below. All other age classes remain in session.

- Kindergarten Spring Break - March 29 – April 5, 2021, Columbus Day, MLK Day, President's Day

## WEATHER & SCHEDULED CLOSURES – K-3<sup>rd</sup> Grade

We offer families with children in grades K-3, 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. If enrolling into this program, you will be enrolled for ALL weather closures and/or ALL Jackson Local School scheduled closures. Accounts will be charged regardless if your child's attendance on these days.



Documenting Early Education since 2011

Dear Parent,

As you complete the enrollment process, our Finance Office will strive to make tuition payment as seamless as possible. When your child starts in their classroom, you will receive an e-mail from LifeCubby that contains login information. **Do not delete this e-mail.** LifeCubby is a web based software and app that will connect you to your child's daily activities, weekly menus, and attendance via the LifeCubby Family app. With that same login information, you will be able to create and see statements as well as make payments online at your convenience on the **LifeCubby website**. We also offer payment through cash, check, and kiosk.

If you wish to be enrolled in our EFT/ automatic withdrawal payment plan, please follow these instructions for the FIRST week of payments only. This must be done on a web browser, such as Google Chrome. It is not yet supported on the app.

1. Visit <https://www.lifecubby.me/index.php>
2. Sign in to the Parent Login in the top right-hand corner **using the email and password you received in your initial LifeCubby email and that you used to sign into the app.**
3. Click the admin dropdown menu and select manage my tuition.
4. Select "Capture a Payment" and enter the card information you wish to have on file.
5. Click "Save My Payment Information" to save your credit card information to your profile.

Parents with multiple children will have to make individual payments for each child. If you are a **new enrollee**, please fill out our payment option form that is included in this child enrollment packet. Once this initial process is complete, the finance office will withdraw payments weekly on Wednesdays. Please note that tuition is posted each Monday for the current week.

Let us know what you think about this system. We appreciate any feedback!

Sincerely,

RiverTree Christian School Finance Office

**2020 Summer Tuition Rates**  
**2020/2021 School Year Tuition Rates**

	# of Days	Weekly	5% Discount
<b>Infant</b>	5	\$240	\$228
6wks through 17mos	4	\$217	\$206
	3	\$183	\$174
<b>Toddler</b>	5	\$215	\$202
18mos through 2yrs	4	\$195	\$185
	3	\$165	\$157
<b>Part Day Classes - 8:45am-11:45am (Must be completely toilet trained &amp; 3 by Sept. 30)</b>			
<b>Preschool 3's</b>	T/TH	\$55	\$52
<b>Preschool 3's, Pre-K 4's &amp; Pre-K 5's</b>	M/W/F	\$60	\$57
<b>Pre-K 4's, Pre-K 5's &amp; Transitional K</b>	M-F	\$75	\$71
<b>Preschool 3's and Pre-K 4's &amp; 5's</b>	5	\$185	\$176
	4	\$168	\$160
	3	\$142	\$135
<b>RT Kindergarten</b>	5	\$95	\$90
<b>Before Care</b>	5	\$35	\$33
	4	\$30	\$29
	3	\$25	\$24
<b>Summer K-3rd Grade</b>	5	\$185	\$176
	4	\$168	\$160
	3	\$142	\$135
<b>Before Public School Care K- 3rd Grade</b>	5	\$55	\$52
	4	\$50	\$48
	3	\$43	\$41
<b>After Public School Care K-3rd Grade</b>	5	\$82	\$78
	4	\$74	\$70
	3	\$63	\$60
<b>School Age Weather &amp; Scheduled Closures</b>	1	\$45(day)	\$43(day)

**Enrollment Fees**

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

**Family Discount**

5% off rate for each additional child

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 <u>of at least one person</u> 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 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.

<b>Child's Name:</b>
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		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>Do not sign both</b>	<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		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)
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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.

# 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 & CHILDREN LIVING 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?       YES     NO
- Parents never married; no custody order exists       Married
- Legally separated       Mother incarcerated
- Divorced with shared parenting       Mother deceased
- Divorced with full custody granted to \_\_\_\_\_       Father incarcerated
- Court placed       Father deceased

## ADDITIONAL PEOPLE AUTHORIZED TO PICK UP

**(OPTIONAL)** 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. 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.

Adult's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Adult's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

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 \_\_\_\_\_



# Language Data

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

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

Is your child a US citizen?  Yes  No If "No", list nationality: \_\_\_\_\_

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

Birth Mother's Maiden Name: \_\_\_\_\_

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

## 1. IS THIS CHILD FROM HISPANIC/LATINO HERITAGE?

Yes  No (Cuban, Mexican, Puerto Rican, South/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

## LANGUAGE

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

What language did this child speak when first learning to talk? \_\_\_\_\_

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

What language do you use most when speaking to this child? \_\_\_\_\_

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

## HOW DID YOU LEARN ABOUT US?

Referred (name) \_\_\_\_\_  Facebook  Online  RT Church  Other: \_\_\_\_\_

Does your family 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, social media, 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 \_\_\_\_\_

## NAP CLASS REQUEST – SCHOOL YEAR ONLY

During the school year, we do not schedule a naptime for our Pre-K, four & five year classrooms. We schedule a 30-minute quiet time, 1-1:30PM. If you want your Pre-K child to nap, we will accommodate your request. Naptime is 1-2:30PM. Nap rooms fill quickly, please be sure of your choice. Students four & five years old attending our summer childcare program do not take naps.

YES, I want my Pre-K child to nap during the school year.

NO, I do not want my Pre-K child to nap during the school year.

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

**PHYSICIAN- PLEASE ATTACH A COPY OF CHILD'S IMMUNIZATION RECORD INCLUDING DATES & DOSES.**

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/PA/APRN/CNP	Date of Examination
<b>Name</b> of examining Physician/PA/APRN/CNP	Phone
Street Address	
City, State and Zip Code	

**PARENTS PLEASE READ THIS**

**This form must be on file at our school within 14 days of your child's first day of attendance and updated every thirteen months thereafter from the date of the exam written above. Please keep this in mind when taking your child for their annual physical. If your child attends a grade of kindergarten or above in a public elementary school, you do not need to return this form.**

**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		
<b>Optional Recommended Assessments/Screenings</b>			
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	
<b>Measurements</b>		<b>Notes:</b>	
Height			
Weight			
BMI			

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# Tuition Payment Options

Welcome to RiverTree! Please check your preferred payment method below.

**Cash/ Check**

**Kiosk**

**I plan to pay myself through LifeCubby**

**Automatic payment through  
LifeCubby/Transax**

I hereby authorize RiverTree Christian School to initiate debits from the card account indicated through LifeCubby/Transax Payments for payments of weekly childcare tuition. I understand that there is no added fee for this service. 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 service, change or close debit or credit card account.

**Parent Printed Name** \_\_\_\_\_

**Card Holder's Signature** \_\_\_\_\_ **Date:** / /