



2021/2022 ENROLLMENT PACKET

TO RE-ENROLL A CHILD CURRENTLY ATTENDING

Beginning February 16, stop by the school office to update your child's current enrollment forms.

TO ENROLL A SIBLING OF A CHILD CURRENTLY ATTENDING

1. Complete every section of this 2021/2022 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. Bring completed forms and all supporting documents to the school office beginning February 16, 2021.

TO ENROLL A NEW STUDENT

1. Complete every section of this 2021/2022 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. Bring completed forms and all supporting documents to the school office beginning February 22, 2021.

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

- Tuition is an annual fee divided into weekly payments
- Payment is due the first day your child attends each week.
- Auto withdraw, credit or debit through LifeCubby is preferred.
- 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.

FIRST WEEKS TUITION FEE

Upon enrollment, we will add your child's first-week tuition fee onto their account. The first week's tuition payment is due on your child's first day of attendance. *If you choose to withdraw your child before the start of our program, we will auto withdraw one week of tuition, as indicated on your Tuition Contract, using the information you provide on the Tuition Payment Authorization form.* You are still responsible for paying the first week of tuition. This fee is nonrefundable.

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 first day of summer through the last day earn one week of vacation credit. If withdrawn early, credit given will be added back on 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 rivertreecristianschool.com or in the school office.

SCHOOL YEAR VACATION CREDIT

- Children enrolled in Part Day classes do not earn this credit.
- Full day and RiverTree Kindergarten students attending the first day of school through the last day of school earn one week of vacation credit. If withdrawn early, credit given will be added back on 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 rivertreecristianschool.com or in the school office.

SCHOOL YEAR ILLNESS CREDIT

- Children enrolled in Part Day classes do not earn this credit.
- Full day and RiverTree Kindergarten students attending the first day of school through the last day of school earn three days of illness credit. Illness 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 – Tuition credit given.

- RiverTree Christmas Break

COMPLETELY CLOSED – No tuition credit given.

- Thanksgiving Day and the Friday after
- Good Friday
- Memorial Day
- July 4th
- Labor Day

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

RIVERTREE KINDERGARTEN ADDITIONAL CLOSURES

These additional closures apply ONLY to our RiverTree Kindergarten class. ALL OTHER CLASSES REMAIN IN SESSION.

- RiverTree Kindergarten Spring Break - March 29 – April 5, 2021. **Tuition credit given.**
- Columbus Day, MLK Day, President's Day, Jackson Local School weather closures. **No tuition credit given.**

WEATHER & SCHEDULED CLOSURES – K-3rd 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 you enroll for these, in addition to your weekly tuition fee, a one-day, School Age Weather & Scheduled closure fee will be automatically added to your account for every Jackson Local School weather closure and/or scheduled closure day. **Accounts will be charged regardless if your child attends on these days.**



Parents please keep this form. You will need to refer to it to set up your LifeCubby account before your child starts school.

Parents and Guardians,

Welcome to RiverTree and LifeCubby! Once we finish processing your child's enrollment forms, you will receive an important email from LifeCubby stating that we have added your child to our LifeCubby account. **DO NOT DELETE THIS EMAIL.** It will contain your account login username and password.

LifeCubby is web-based software and app that we use to connect you to your child's daily activities, menus, messages, and attendance via the free LifeCubby Family app. With your same login information, you will be able to create, view, and print statements as well as make payments online at your convenience on the **LifeCubby website.**

Although we accept cash and checks for payments, we encourage all families to enroll in the EFT/automatic withdrawal payment plan. It is the easiest way to pay weekly tuition and keep your payments up to date. To enroll you must follow the instructions below AND make your child's **FIRST TUITION PAYMENT.** If you have more than one child enrolled, you must make each child's payment individually. Please do not make one lump sum payment for multiple children.

Set up must be done on the web using Google Chrome or Firefox web browsers. It is not supported on the app.

1. Go to <https://www.lifecubby.me/index.php>
2. Click the "Parent Login" button located in the top right corner of the screen.
3. **Enter the username and password assigned to you. (Found in the initial email you received from LifeCubby.)**
4. From the "Admin" dropdown menu, select "Manage My Tuition."
5. Select "Capture a Payment" and enter the credit card/account information you wish to keep on file.
6. Click "Save My Payment Information."

Once set up and you have made your first week's tuition payment, we will be able to begin withdrawing future payments every Wednesday morning. Please note your weekly tuition fee auto-posts to your account every Thursday for the upcoming week.

Please email or call the school office if you have any questions.

2021 Summer Tuition Rates
2021/2022 School Year Tuition Rates

	# of Days	Weekly	5% Sibling Discount
Infant	5	\$260	\$247
6wks through 17mos	4	\$240	\$228
	3	\$210	\$200
Toddler	5	\$230	\$219
18mos through 2yrs	4	\$210	\$200
	3	\$180	\$171
Part Day Classes - 8:45am-11:45am (Must be completely toilet trained & 3 by Sept. 30)			
Preschool	T/TH	\$60	\$57
Preschool & Pre-K	M/W/F	\$70	\$67
Pre-K & Transitional K	M-F	\$80	\$76
Full Day Classes - Preschool & Pre-K	5	\$200	\$190
(Transitional K must be 5 full days)	4	\$180	\$171
	3	\$150	\$143
RT Kindergarten	M-F	\$100	\$95
Before Care	5	\$40	\$38
	4	\$35	\$33
	3	\$30	\$29
Summer K-3rd Grade	5	\$200	\$190
	4	\$180	\$171
	3	\$150	\$143
Before Public School Care K- 3rd Grade	5	\$55	\$52
	4	\$50	\$48
	3	\$45	\$43
After School Public & RiverTree Kdg. K-3rd Grade	5	\$55	\$52
	4	\$50	\$48
	3	\$45	\$43
School Age Weather & Scheduled Closures	1	\$55(day)	\$52(day)

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.

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
- | | |
|---|--|
| <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 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 photograph, slide, audio, and/or video recording in its media releases of special events and school publications to school families.
 I deny

I grant Permission to RiverTree Christian School/Church to use my child's photograph, slide, audio, and/or video recording in its media releases for marketing on social media and within our church family services to show what a great school we have.
 I deny

Parent/Guardian Signature _____

PRE K 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.

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)	
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	

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
---------------------	-------------------

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			

TUITION PAYMENT AUTHORIZATION

How will you be paying your weekly tuition? Please check one intended payment method below, sign and return this form to the school office.

Automatic Withdrawal (Preferred)

I authorize RiverTree Christian School & Childcare Center to charge my credit card or bank account indicated through LifeCubby/Transax Payments for any tuition balance due on Wednesday every week. I understand a receipt for each payment will be emailed to me after every charge. I understand that my card or bank account information will be saved in this system. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify RiverTree Christian School & Childcare Center in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. If the payment date falls on a holiday, I understand payments may be withdrawn on the next business day. I will update my card in LifeCubby and with RiverTree as it expires.

I will pay weekly payments myself through LifeCubby.

Cash / Check

Bank (ACH)

Checking

Savings

Name on Account _____

Bank Name _____

Account Number _____

Routing Number _____



Credit Card

VISA

MasterCard

DISCOVER

AMERICAN EXPRESS

Cardholder Name _____

Account Number _____

Expires _____ / _____ CVV _____

PLEASE PRINT CLEARLY



IMPORTANT - FIRST WEEKS TUITION FEE POLICY

Upon enrollment, we will add your child's first-week of tuition, as listed on your contract, onto their account. The first week's tuition payment is due on your child's first day of attendance. *If you choose to withdraw your child before the start of our program, we will auto withdraw one week of tuition, as indicated on your Tuition Contract, using the information listed above.* You are still responsible for paying the first week of tuition. This fee is nonrefundable.

Authorized Signature: _____

Date: _____

Print Name: _____

Child's Name: _____