



**CHILD DEVELOPMENT CENTER
Summer 2018 REGISTRATION FORM**

Please Print Or Type All Information

_____ Summer 2018 TE Cash Chk# _____
_____ Dog & Cat Room
_____ Tree House Room

Please return all forms to the CDC office or return by email to susan@pelhamroad.org. If you are new to the CDC please bring your registration form and fee to the CDC office. If you are a currently enrolled family your registration fee will be added to your Tuition Express Account.

Child's Information:			
Name: F, M, Last: Please circle preferred name	Sex:	Date of Birth:	4 Digit Code for Security Doors:
Child Lives With:	Enrollment Date: June 11, 2018 – August 10, 2018		
Previous Centers, Mother's Morning Outs, or Home Care Child Has Attended And For How Long			
Mother's Information:			
Name:	SC Driver's License Number	Code Word Required by DSS	
Street Address:	City/Zip:		
Email Address:	Employer:		
Home Phone Number:	Work Phone Number:		
Cell Number:			
Father's Information:			
Name:	SC Driver's License Number	Code Word required by DSS	
Street Address:	City/Zip:		
Email Address:	Employer:		
Home Phone Number:	Work Phone Number:		
Cell Number:			
Medical Authority and Pick Up Release of Child: <i>Must have at least 2 individuals who have the authority to decide emergency treatment for the child. These can also be the ones allowed to pick up your child. If you need more space use the back of this form. Include name, phone number, and relationship of person to your child.</i>		Phone #	Relationship to Child
Name:			
Name:			
Name:			

Medical History:			
<i>Has your child had any of the following? If yes, please explain</i>	YES	NO	EXPLANATION
<i>Premature Birth</i>			
<i>Surgery</i>			
<i>Serious Illness</i>			
<i>Asthma</i>			
<i>Respiratory Infections</i>			
<i>Sudden High Fever</i>			
<i>Allergies</i>			
<i>Food Restrictions</i>			
<i>Please explain any other illness not described above or any medication needed daily:</i>			
Medical Information:			
<i>Child's Name</i>		<i>Date of Birth</i>	
<u><i>Doctor's Name</i></u>		Practice Name	
Street Address		City/Zip	
Office Phone Number		Preferred Hospital	
<u><i>Dentist's Name</i></u>		Practice Name	
Street Address		City/Zip	
Office Phone Number		<i>Children should visit a dentist as soon as 1 year old or when teeth have erupted</i>	
Insurance Information:			
Company Name		Subscriber ID	
Insurance Company Phone Number		Group #	



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PARENT CONTRACT SUMME 2018

Please complete this Parent Contract Form after reading the 2018-2019 Parent Handbook.

I certify that to the best of my knowledge (child's name) _____
is in good mental and physical health and able to participate in the child care program at Pelham Road Baptist Church Child Development Center.

We understand that this Child Development Center is directly related to Pelham Road Baptist Church and upholds the same standards and principles.

We have read the *CDC Parent Handbook* and agree to comply with the policies and procedures specified in this document, including tuition and activity fees; all families pay using Tuition Express; there is a two week withdrawal notice; when inclement weather occurs notification will be made by the Tadpoles App to each family; and **discipline as the CDC will use redirection and give the child methods and language to solve their own problems. Corporal punishment and time out is never used by teachers or parents while at the CDC.**

We give permission for the applicant to take part in all CDC activities, including sports and CDC sponsored trips away from the premises. (Children under the age of three (3) do not leave the center in CDC buses for field trips. You will always be notified of field trips involving three (3) and four (4) year olds.) We give permission for our child to ride the bus for field trips to and from Pelham Road Baptist Church Child Development Center. We also give permission for our child to ride the bus in case of an evacuation from the Center.

We are aware of all scheduled holidays as listed in the *Parent Handbook* and that there is no prorating of tuition for holidays, inclement weather, withdrawal, or illness.

We give permission for our child(ren) to be photographed/videotaped for documentation and training purposes within the CDC and for church and CDC promotional purposes.

We understand every effort will be made to contact us or our designated persons listed on the registration form, in the event of illness or injury, however, should injury or illness occur while my child is in the care of Pelham Road Baptist Church Child Development Center, we give permission for the center to obtain necessary emergency medical treatment.

Signatures:

Both Parents Must Sign if Child Lives With Both Parents

Mother		Date	
Father		Date	
Director/Operator/Staff Designee	Susan Kear		