



2021-2022 REGISTRATION FORM

Please Print Or Type All Information

Office Use Only

_____ 2020-2021 TE Cash Chk# _____

_____ 2021-2022 TE Cash Chk# _____

_____ 2022-2023 TE Cash Chk# _____

Please return all completed forms to the CDC office or return by email to director@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 and you only need to fill out the half sheet confirmation that information is the same as last year.

Child's Information:		
<i>Name: F, M, Last: Please circle preferred name</i>	<i>Sex:</i>	<i>Date of Birth:</i>
<i>Child Lives With:</i>	<i>4 Digit Code for Security Doors Provided by Family:</i>	
<i>Parents/ Guardian Are Current Members of Pelham Road Baptist Church: YES NO</i>		
<i>Previous Centers, Mother's Morning Outs, or Home Care Child Has Attended And For How Long</i>		
Parent/Guardian Information:		
<i>Name:</i>	<i>SC Driver's License Number</i>	<i>Code Word Required by DSS</i>
<i>Street Address:</i>	<i>City/Zip:</i>	
<i>Email Address:</i>	<i>Employer:</i>	
<i>Home Phone Number:</i>	<i>Work Phone Number:</i>	
<i>Cell Number:</i>		
Parent/Guardian Information:		
<i>Name:</i>	<i>SC Driver's License Number</i>	<i>Code Word required by DSS</i>
<i>Street Address:</i>	<i>City/Zip:</i>	
<i>Email Address:</i>	<i>Employer:</i>	
<i>Home Phone Number:</i>	<i>Work Phone Number:</i>	
<i>Cell Number:</i>		
<i>Medical Authority and Pick Up Release of Child:</i>		
<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>		
	<i>Phone #</i>	<i>Relationship to Child</i>
<i>Name:</i>		
<i>Name:</i>		

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>	
<i>Doctor's Name</i>		Practice Name	
Street Address		City/Zip	
Office Phone Number		Preferred Hospital	
<i>Dentist's Name</i>		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 #	

PARENT/GUARDIAN CONTRACT 2021-2022

Please complete this Parent/Guardian Contract Form *after* reading the 2021-2022 Parent Handbook found online at www.pelhamroad.org on the Child Development Center page.

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/guardians 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 or social media.

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/Guardians Must Sign if Child Lives With Both Parents

Guardian A		Date	
Guardian B		Date	
Director/Operator/Staff Designee			

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South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

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

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



**Hop aboard the Tuition Express
and never write a check again!**

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

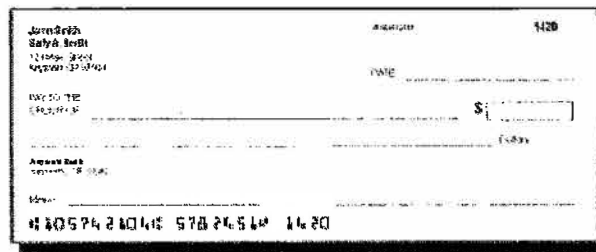
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.



1108 Pelham Road
Greenville, SC
288-7674



We're going on a Field Trip!

I give permission* for my child _____
(Child's name)

To travel outside the fenced area. Which includes:

- Stroller rides/Wagon Rides
- Nature walks
- Picnic Tables
- Big Field
- Blanket Time under the Trees

Should an accident or other medical emergency occur during the trip or activity and the classroom teacher is unable to reach a parent or guardian for medical authorization, I hereby give Pelham Road Baptist Church CDC my consent for the CDC to authorize necessary hospitalization or treatment for my child. I agree to be responsible for all debts not covered by the school which were incurred by the student during the trip or activity, and for all the expenses not covered by insurance as a result of any accident, illness, or medical emergency involving my child. The classroom teacher will have parent contact information at all times.

(Parent or Guardian Signature)

(Date)

Birth date of Child: _____

*This form expires September 2021**