

Rawlinson Road Baptist Day School

1024 Rawlinson Road
Rock Hill, SC 29732

jamie@rrbc.org

www.rrbc.org

803-324-7530 x23

2010/2011 DAY SCHOOL REGISTRATION FORM

Child's Full Name (List Each Child)	Gender (M / F)	Name Called	Circle Days Attending	Birthday	Age as of 9/1/10
			M T W TH		
			M T W TH		
			M T W TH		
			M T W TH		

Father's/Guardian's Last Name		Father's/Guardian's First Name		Father's/Guardian's Primary Phone	
Mother's Last Name (If Different)		Mother's First Name		Mother's Primary Phone	
Mailing/Street Address		City		State	Zip
Alternate Phone Number(s)		Email Address (For Important Messages)			
Emergency Contact Name		Emergency Contact Phone		Relationship to Child	
Persons Authorized to Pick up Child		Phone		Relationship to Child	
Insurance Provider		Policy Number		Name of Policy Holder	

Instructions

1. Complete all information on the Registration, Parental Consent, & Health Statement Forms
2. Include a check for total applicable Registration Fee – covering all children listed
3. Deliver the completed Registration, Parental Consent, and Health Statement Forms and Registration Fee payment to the RRDS Office. You can also mail the forms and payment to the address listed.

Registration Fee Payment Must Be Received With Registration Form
To Reserve Your Child's Spot for **RRDS 2010/2011**

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2010/2011 PARENTAL CONSENT FORM

Parental Authorization:

I hereby request that my child be enrolled in Rawlinson Road Day School. I understand and I am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to the program:

- I indemnify and hold harmless Rawlinson Road Baptist Church and Rawlinson Road Day School, and/or its staff and volunteers from any and all liability, claims, damage, injury or illness sustained by my child.
- I grant permission for Rawlinson Road Day School to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in the camp fees. Should my child require medical treatment, prescriptions, or hospital care while enrolled, I will bear the expense.
- I agree that RRDS may photograph or videotape my child during regularly scheduled activities for use in promotional materials.

Admission to the program carries many privileges and responsibilities. We expect children to participate in the total life of the program and to co-exist in a cooperative spirit. In addition, should a behavior or discipline problem affect our work with other children, or their enjoyment of the program, we reserve the right to dismiss those children responsible without a refund.

Your signature signifies understanding and acceptance of the RRDS policies.

Parent/Guardian Signature:

Date:

Return this form with your registration form

2010/2011 HEALTH STATEMENT

Name of Child: _____ Date _____

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Is there any reason this child cannot participate in normal activities? If yes, explain! _____

Does your child have any special fears, problems or quirks we should know about? _____

Are there any health conditions that should be known by program personnel? If Yes, Explain! _____

Does your child have a pacifier or other security item? _____

If applicable, is your child potty trained or learning? _____

Any known allergies or sensitivities for food or environment? If yes, explain!

Name of Primary Physician: _____ Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Address: _____

List any serious illnesses or medications this child may take on a regular basis. NOTE: Staff of RRDS is not responsible for dispensing medication.

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Please attach a copy of a current immunization certificate

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2010/2011 FEE SCHEDULE (PER CHILD)

Registration:	\$50.00
Supply Fee: ⁽¹⁾	\$50.00
4 Day Week Rate: ⁽²⁾⁽³⁾	\$150.00 month
3 Day Week Rate: ⁽²⁾⁽³⁾	\$130.00 month
2 Day Week Rate: ⁽²⁾⁽³⁾	\$110.00 month
Family Discount:	10% (Each Additional Child)

⁽¹⁾ \$25 Paid with September and January tuition

⁽²⁾ Days of attendance should be consistent each week

⁽³⁾ Tuition is paid monthly on the 1st of each month

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2010/2011 FEE COLLECTION POLICY

*** Authorized Payment Collection**

Teachers are not authorized to accept payments. Payments must be given directly to the Day School Director. *Parents or guardians are responsible for ensuring the payment is received, not the child; please drop the payment at the Day School Office by the stated deadline.*

*** Payment Deadline – 1st of each calendar month September - May**

The payment deadline applies to all rates.

*** Late Payment Fee Assessment**

A Late Payment fee of \$15.00 per week will be assessed, if payment is not received by stated deadline. In addition, if the payment is not received within seven days of due date, your child will not be allowed to continue attending until all funds are received.

*** Returned Check Policy:**

All returned checks will force us to assess a fee of \$25.00 – plus any other applicable bank charges. If a check is returned for insufficient funds, all future payments must be made in cash or by money order for the remainder of the program year. The payment amount of the insufficient check must also be made in cash or by money order.

*** How to Write Your Check**

Checks should be made out to RRDS. Please write in the memo line of your check: **(1)** the names of your child or children and **(2)** the period the check covers.

*** Your Feedback Is Important**

Please feel free to contact the Day School Director with any comments, suggestions or questions you may have at jamie@rrbc.org.

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