

Rawlinson Road Baptist Day School

1024 Rawlinson Road
Rock Hill, SC 29732

jamie@rrbc.org

www.rrbc.org

803-324-7530 x23

2010 SUMMER ADVENTURES REGISTRATION FORM

Child's Full Name (List Each Child)	Gender (M / F)	Name Called	Circle Session & Weeks Attending	Birthday	Age on 6/1/10
			Session 1 W1 W2 W3 Session 2 W1 W2 W3		
			Session 1 W1 W2 W3 Session 2 W1 W2 W3		
			Session 1 W1 W2 W3 Session 2 W1 W2 W3		
			Session 1 W1 W2 W3 Session 2 W1 W2 W3		

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	

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2010 SUMMER PARENTAL CONSENT FORM

Parental Authorization:

I hereby request that my child be enrolled in Rawlinson Road Day School Summer Adventures. 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 SUMMER 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.

Return this form with your Registration Form

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2010 SUMMER FEE SCHEDULE (PER CHILD)

Registration:	Included
Supply Fee:	Included
3 Week Rate: ⁽¹⁾	\$170.00 session
2 Week Rate: ⁽¹⁾	\$125.00 session
1 Week Rate: ⁽¹⁾	\$70.00 session

Session 1 Payment Deadlines

50% of tuition is due at time of registration or by May 3, 2010; whichever comes first

Balance is due by May 25, 2010

Registration deadline is May 15

Session 2 Payment Deadlines

50% of tuition is due at time of registration or by June 1, 2010; whichever comes first

Balance is due by June 24, 2010

Registration deadline is June 15

Payments not received by deadline will be considered late and will be assessed a \$15 late fee.

(1) These rates apply to weeks in the same session

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2010 SUMMER FEE COLLECTION POLICY

* Authorized Payment Collection

Teachers are not authorized to accept payments. Payments must be given directly to the Director by the stated deadline. *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.*

* 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.

*Late Payment

Payments not received by the stated deadlines will be assessed a \$15 late fee.

* 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.