

ROSALIND HILLS BAPTIST CHURCH
CHILD DEVELOPMENT CENTER



Enrollment Form

Student's Information

School Term _____

Student's Name: _____

Last

First

Middle

Preferred name: _____ Grade level _____ D.O.B ____/____/____

Church Affiliation _____

Elementary School _____

Primary Family Information

Address: _____

City

State

Zip Code

Email Address: _____

Home phone: _____

Father's Information

Father's name: _____

Last

First

Middle

Suffix

Preferred Name: _____ Title _____ Email address _____

Cell Phone _____ Company Name: _____

Business Phone _____ ext. _____ Church Affiliation _____

Address if not the same as primary: _____

Emergency Contact: Yes/No Allowed to pick up child: Yes/No

Mother's Information

Mothers name: _____

Last

First

Middle

Suffix

Preferred Name: _____ Title _____ Email address _____

Cell Phone _____ Company Name: _____

Business Phone _____ ext. _____ Church Affiliation _____

Address if not the same as primary _____

Emergency Contact: Yes/No Allowed to pick up child: Yes/No

Secondary Family Information

Step Father's Information NA

Step Father's name: _____
Last First Middle Suffix
Preferred Name: _____ Title _____ Email address _____
Cell Phone _____ Company Name: _____
Business Phone _____ ext. _____ Church Affiliation _____
Address _____

Emergency Contact: Yes/No Allowed to pick up child: Yes/No

Step Mother's Information NA

Stepmother's name: _____
Last First Middle Suffix
Preferred Name: _____ Title _____ Email address _____
Cell Phone _____ Company Name: _____
Business Phone _____ ext. _____ Church Affiliation _____
Address _____

Emergency Contact: Yes/No Allowed to pick up child: Yes/No

Emergency Contacts other than parents

Contact name: _____ Relation: _____

Home Phone: _____ Business phone _____ cell phone _____

Contact name: _____ Relation: _____

Home Phone: _____ Business phone _____ cell phone _____

Contact name: _____ Relation: _____

Home Phone: _____ Business phone _____ cell phone _____

Medical Information

Medical Contacts

Physician: _____ Phone Number _____

Dentist _____ Phone Number _____

Hospital preference: Carilion Lewis Gale (Circle One)

Insurance _____ Policy Number _____

Insurance Phone Number _____

A physical exam is required for a child upon enrollment at RHCDC. Immunization records are to be submitted immediately, and when new immunizations occur or at the request of RHCDC.

Please list any chronic physical problems/pertinent developmental information/special accommodations needed: _____

Please give any other information or medical history that would be beneficial to us:

Please list any allergies or intolerance to foods, medication, or other substances (wasps, bees, etc): _____

Please give steps to be taken in an allergic emergency: _____

We give permission for sunscreen to be applied according to state regulations:.

RHCDC agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to arrange for immediate pick-up of child if so requested.

The parent/guardian authorizes RHCDC to obtain immediate medical care for our child. In the event we cannot be reached, we the parent/guardian grant our consent for the hospital and its medical staff to provide my/our child with emergency medical treatment which a physician deems necessary, to include anesthesia. We also understand that our child may be taken to the nearest hospital or medical facility. I/We agree to accept financial responsibility for all expenses incurred.

Signature of parent/guardian

date

Pickup Information (people authorized to pick up children from Center:

Name: _____ Phone _____

Other _____

Name: _____ Phone _____

Other _____

Name: _____ Phone _____

Other _____

Pick Up Authorization (list names of any person who may not pick up your child from RHCDC)

Name (relationship to child)

Name (relationship to child)

Name (relationship to child)

Are there any legal/custody issues that we need to be aware of? _____

What is your approximate pick up time: _____ drop off time _____

Do you authorize use of publicity photos taken without compensation that shows your child's participation in RHCDC? _____

Signature

I consent to the participation of my child in any field trips planned by RHBC CDC for as long as my child is enrolled. _____

Signature

* Please provide RHCDC with a copy of your child's **birth certificate** as well as a copy of their **physical and shot record**.