REGISTRATION FORM

Parent/Guardian Information					
Mother's Name			**Father's** Name		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State	Zip	City	State	Zip
Email			Email		
Cell Phone	Work Phone		Cell Phone	Work Phone	
Home Phone (Landline)			Home Phone (Landline)		
Do you have a home church? ☐ YES ☐NO Name of Church					
Referred by					
Expected Start Date MM/DD/YYYY					
Child/ren Information					
Child #1 Name					
☐ Male ☐ Female	Birthdate (MM/DD/YYYY)		Age	Grade	
Child #2 Name					
☐ Male ☐ Female	Birthdate (MM/DD/YYYY)		Age	Grade	
Child #3 Name					
☐ Male ☐ Female	Birthdate (MM/DD/YYYY)		Age	Grade	

Continued on back →

Riverview Christian Early Learning Center

Calculate Payment	
Child #1 Registration Fee[1] **$40.00**	**$**
Child #2 Registration Fee[1] **$20.00**	**$**
Child #3 Registration Fee[1] **$20.00**	**$**
Sub-Total	**$**
Tuition Deposit[2]	**$**
Total Paid	**$**

[1] Registration fee is annual and non-refundable.
[2] Tuition deposit is refundable 30 days after withdrawal (subject to RCELC financial policies/exceptions).

Payment Method		
☐ MyProcare.com	☐ Auto-deduction	☐ Cash
☐ Check #	Check Date (MM/DD/YYYY)	

Signature and Date
Parent/Guardian Signature
Date (MM/DD/YYYY)

Office Use Only		
☐ Entered into Procare	on: _____/_____/_____	by:
☐ Entered into Tadpoles	on: _____/_____/_____	by:
☐ Information given to Classroom	on: _____/_____/_____	by:

TUITION AGREEMENT FORM

Child's Name	**Tuition**	
Classroom	Weekly Tuition Amount	$
Child's Start Date (MM/DD/YYYY)	Subsidy Co-Pay	$
➢ Payment is due weekly by 9:00am on Monday or a $20.00 late fee is incurred.		
➢ Pickup after 6:00pm (closing time) will incur a $15.00 late fee. ***Every 15 minutes*** after that will incur ***an additional*** $20.00 late fee.		

Days Attending (please circle) ALL M T W Th F	Arrival Time
	Departure Time
Services Included Under Tuition	
Professional Teaching Staff	Age Appropriate and Hands-on Learning Activities
Qualified Support Staff	Written Progress Report (after initial 45 days completed)
Excellent Care and Supervision	Growth and Development Evaluation (every 6 months)
Milk and PM Snack	**NOT INCLUDED: Infant and Toddler Families must provide diapers, wipes, bibs, etc.**

I,_____understand that the RCELC handbook and calendar are located on the RCELC website or that I may request paper copies. I understand that I am responsible for the guidelines stipulated in the RCELC handbook (including but not limited to the prompt return of paperwork) and that it is a working document subject to change. I agree to update this agreement and the Emergency Contact/Parental Consent Form when changes occur or at 6-month intervals. I understand the financial obligation stated above and agree to pay as outlined in the handbook. I understand that I can review my account at myprocare.com and will not receive paper statements unless requested.

Signature	Date (MM/DD/YYYY)
6 Month Review Signature	6 Month Review Date (MM/DD/YYYY)

Riverview Christian Early Learning Center

Office Use Only		
☐ Entered into Procare	on: _____/_____/_____	by:
☐ Entered into Tadpoles	on: _____/_____/_____	by:
☐ Information given to Classroom	on: _____/_____/_____	by:

Riverview Christian Early Learning Center

Registration and Deposit Fees Only
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Riverview Christian Early Learning Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

XXXX-XXXX-XXXX-__ __ __ __

Credit Card Number (Last 4 Digits ONLY) _____ Expiration Date _____

Signature _____ Today's Date _____

A service of

procare SOFTWARE®

For Official Use Only...

_____
Date Received

_____
Employee Signature

- < Cut Here > -

FULL Credit Card Number _____ Expiration Date _____

For Security, please...

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.

Today's Date _____

Riverview Christian Early Learning Center

Automated Payment processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR BANK ACCOUNT ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Riverview Christian Early Learning Center to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

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

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

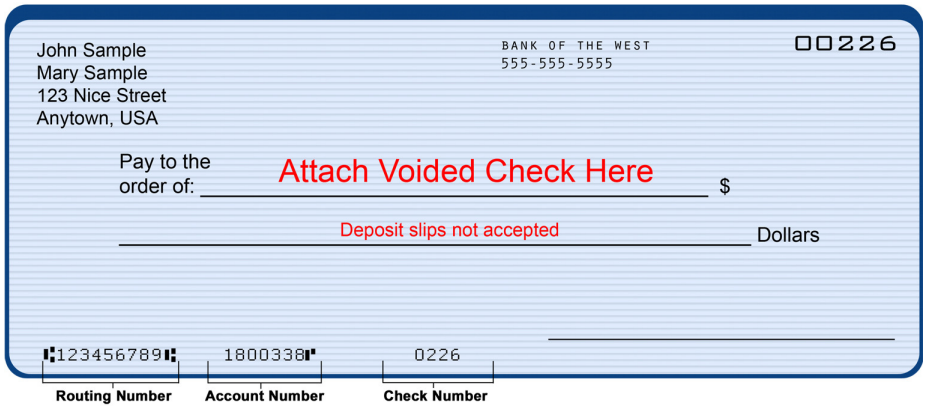
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

For Official Use Only...

_____
Date Received

_____
Employee Signature



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Riverview Christian Early Learning Center

Automated Payment processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Riverview Christian Early Learning Center (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name | Phone #

Cardholder Address | City | State | Zip

XXXX-XXXX-XXXX-__ __ __ __

Credit Card Number (Last 4 Digits ONLY) | Expiration Date

Signature | Today's Date

A service of

procare SOFTWARE®

For Official Use Only...

_____
Date Received

_____
Employee Signature

- < Cut Here > -

FULL Credit Card Number | Expiration Date

Today's Date

For Security, please...

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.

CONTACT AUTHORIZATION FORM

With this program, we are able to send out mass emails and text messages. This would enable Riverview Christian Early Learning Center to send out a message directly to your email or cell phone in the event of an emergency, closure due to inclement weather, or other pertinent information.

By providing us with your information, you also agree that Riverview Christian Early Learning Center is not liable for any charges that may incur with your service provider.

Parent First & Last Name	Email Address	Cell Phone Number	Cell Phone Service Provider (At & T, Verizon, T-Mobile, etc.)
Example: Jane Doe	janedoe@gmail.com	000-000-0000	AT & T

Signature **Date**

Signature **Date**

Riverview Christian Early Learning Center

Tuition Express®

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Updated 06/24/2012

ELN Data Fields Form
Child and Family Information

***Instructions**:* This form is designed to give programs information on all the data that is being captured in the Early Learning Network (ELN). Programs may use this form to collect information from families or may use it to adapt current program forms. Please capture the Child and Family Information in the fields provided below. Please use one form per Child to collect this information.
Fields marked with an * are required.

Please note: This document contains sensitive personally identifiable information. Please handle / store this information carefully.

Location Name: _____

Child Demographics Information

Last Name:* _____ MI: ____ First Name*: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Ethnicity:* ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race:* (Select all that apply)
- ☐ American Indian or Alaskan
- ☐ Asian
- ☐ Black or African American
- ☐ White
- ☐ Native Hawaiian or Pacific
- ☐ Unknown
- ☐ Other

Gender:* ☐ Female ☐ Male

Date of Birth:* _____

Child's Social Security Number: _____---_____---_____

SSN Note: SSN is optional and is only used for the Child Clearance process. Enter all 9 digits or leave the field blank. If you do enter all 9 digits, only the last 5 digits will show in this field. All other digits will be masked.

Programs this child is enrolled in this location: (Select all that apply)

- ☐ Head Start State Supplemental Assistance Program
- ☐ PA Pre-K Counts
- ☐ School District Pre-K
- ☐ Keystone STARS
- ☐ Other

Is English the 1st language for the Child?: ☐ Yes ☐ No

ELN Data Fields Form
Child and Family Information

pennsylvania PELICAN Early Learning Network
Pennsylvania's Enterprise to Link Information for Children Across Networks

Please note: First, complete the Legal Guardian Information for the guardian who resides at the primary residence of the child. All other guardians may also be entered. Copy pages as needed.

Legal Guardian Information

Last Name:*_____ First Name:*_____ MI:_____

Suffix: _____ (Jr., Sr., I, II, etc.)

Gender:* ☐ Female ☐ Male

Relationship to Child: ***Per Act 24, this field is not required. Please select "Not Required".**

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other ☐ **Not Required**

Secondary Relationship to Child: **Per Act 24, this field is not required. Please select "Not Required".**

☐ Biological ☐ Foster ☐ Adoptive ☐ Step Parent ☐ Other ☐ **Not Required**

Role: **Per Act 24, this field is not required. Please select "Not Required".**

☐ Primary Guardian	☐ Representative Payee
☐ Secondary Guardian	☐ Personal Guardianship
☐ Legal Guardian	☐ Substitute Decision Maker
☐ Caregiver	☐ Child Care Worker
☐ Support Team Member	☐ Case Worker
☐ Power Of Attorney	☐ Primary Care Physician
☐ Living Will	☐ Specialist
☐ Fiscal Guardianship	☐ **Not Required**

Address Line 1:*_____

Address Line 2: _____

City:*_____ State:*_____

Zip Code:*_____

County:*_____

School district of Residence:*_____

☐ Check here if the School District of Residence is out of state.

☐ Send Correspondence to this legal guardian

☐ Primary address of the child

Phone:_____ Email: _____

ELN Data Fields Form
Child and Family Information

pennsylvania PELICAN Early Learning Network
Pennsylvania's Enterprise to Link Information for Children Across Networks

Child Enrollment Information

Complete the following table for each of the classrooms in which the child is enrolled.

Classroom Session Name*	Physical Room*	Classroom Session Begin Date*	Classroom Session End Date	Program (Select all that apply) - Head Start - PA Pre-K Counts - School District Pre-K -Keystone Stars -Other	Sub Program* (Options depend on Program selection) - Early Head Start - Head Start- (Pre-School) -PA-Pact-ACT -PA-Pact-ABG -Title I -Child Care -Keystone Stars -School District Pre-K -PA Pre-K Counts -N/A	Funding Source* (Options depend on Program selection) - Child Care Works Subsidy -No Child Care Works Subsidy -Federal -State-OCDEL -State-Pass Through/ARRA -Both State and Federal -Local	-Days per week -Days per month	-Hours per week -Hours per month	Schedule* (Select one) -Full Day -Half Day

EMERGENCY CONTACT and CONSENT FOR RELEASE FORM

CHILD'S NAME:	**BIRTH DATE:**
ADDRESS, CITY, ZIP CODE:	
SCHOOL DISTRICT:	
PLEASE INDICATE THE ORDER IN WHICH PERSONS SHOULD BE CONTACTED IN CASE OF ILLNESS OR INJURY	
MOTHER'S NAME/LEGAL GUARDIAN:	**HOME TELEPHONE NUMBER:**
ADDRESS:	**CELL PHONE:**
CITY, ZIP CODE:	
PLACE OF EMPLOYMENT:	**WORK TELEPHONE NUMBER:**
ADDRESS:	
CITY, ZIP CODE:	
FATHER'S NAME/LEGAL GUARDIAN:	**HOME TELEPHONE NUMBER:**
ADDRESS:	**CELL PHONE:**
CITY, ZIP CODE:	
PLACE OF EMPLOYMENT:	**WORK TELEPHONE NUMBER:**
ADDRESS:	
CITY, ZIP CODE:	

PERSONS TO WHOM CHILD MAY BE RELEASED OTHER THAN GUARDIAN LISTED ABOVE

NAME:	**RELATIONSHIP TO CHILD:**	**HOME TELEPHONE NUMBER:**
ADDRESS:		**CELL PHONE:**
CITY, ZIP CODE:		
NAME:	**RELATIONSHIP TO CHILD:**	**HOME TELEPHONE NUMBER:**
ADDRESS:		**CELL PHONE:**
CITY, ZIP CODE:		
NAME:	**RELATIONSHIP TO CHILD:**	**HOME TELEPHONE NUMBER:**
ADDRESS:		**CELL PHONE:**
CITY, ZIP CODE:		
NAME:	**RELATIONSHIP TO CHILD:**	**HOME TELEPHONE NUMBER:**
ADDRESS:		**CELL PHONE:**
CITY, ZIP CODE:		

Continued on back

CURRENT STATUS OF HOUSEHOLD (please indicate most accurate description)			
Parents Married	Parents Separated	Parents Divorced	Single Parent/Caregiver
Custody/Visitation Arrangements:(Please attach a copy of custody agreement)			
Is this child adopted?	Age at time of Adoption:	Does this child know he/she is adopted?	
OTHER PERSONS LIVING IN HOUSEHOLD WITH CHILD:			
REMARKS:			

NAME OF PHYSICIAN/MEDICAL CARE PROVIDER:	**TELEPHONE NUMBER:**
ADDRESS:	
CITY, ZIP CODE:	
SPECIAL DISABILITIES (IF ANY):	
ALLERGIES (INCLUDING MEDICATION REACTIONS):	
SPECIAL MEDICAL CONDITIONS or DIETARY INFORMATION:	
MEDICATIONS:	
HEALTH INSURANCE COVERAGE or MEDICAL ASSISTANCE BENEFITS:	POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT
OBTAINING EMERGENCY MEDICAL CARE:
ADMIN. OF MINOR FIRST AID PROCEDURES:
WALKS AROUND THE RIVERVIEW CHRISTIAN EARLY LEARNING CENTER:
TRANSPORTATION BY THE FACILITY (ONLY IN THE EVENT OF AN EMERGENCY EVACUATION):
SWIMMING & WADING (SCHOOL-AGE ONLY)

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN AT TIME OF ENROLLMENT DATE:

_____ _____/_____/_____

SIGNATURE OF PARENT OR GUARDIAN AT 6 MONTH REVIEW DATE:

_____ _____/_____/_____

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 and .182: 3280.124(a)(b), 3280.181 and .182: 3290.124(a)(b), 3290.181 and .182
All information given will remain confidential

Riverview Christian Early Learning Center

IEP/IFSP RELEASE FORM

Child's Name _____

We use developmental assessments to measure your child's growth and development. If your child has an Individualized Education Plan or Individualized Family Service Plan (IEP or IFSP), it would be beneficial for your child if you share a copy of this with us. You are not required to provide these forms. We request to be included into all IEP/IFSP meetings as schedules permit. An ELC staff member will be made available when possible to participate in IEP/IFSP meetings.

____ I am providing a copy of my child's IEP or IFSP.

____ I am not providing a copy of my child's IEP or IFSP.

____ This is not applicable to my child.

Parent/Guardian Signature _____

Date _____ / _____ / _____

_____ I would like more information on how to obtain supportive/additional services for my child/family.

Transferring Children's Records

Riverview Christian maintains a central file for each child in our center. Important documents are kept in this file including registration forms, agreements, medical information, and observations. Parents can request to see these confidential files.

RCELC can also transfer these files to another center at the request of the parent. Parents must complete a "Release of Information" form. Records can be transferred through the parent or the mail. Fees may be incurred for services provided.

- Further information may be obtained from our Parent Handbook (available online).

Riverview Christian Early Learning Center

PHOTO/VIDEO RELEASE FORM

Child's Name _____

Please check Yes or No for all items below.

PHOTOS

☐ Yes ☐ No I give permission for my child to be **photographed** for school and/or church **project use**, such as bulletin board and art projects, PowerPoint presentations, etc.

☐ Yes ☐ No I give permission for my child to be **photographed** for school and/or church **advertising purposes**, such as brochures, the website, etc.

VIDEO

☐ Yes ☐ No I give permission for my child to be **videotaped** for school and/or church **project use** or in house presentations for such purposes as graduation, etc.

☐ Yes ☐ No I give permission for my child to be **videotaped** for school and/or church **advertising purposes**, such as the website, etc.

Parent/Guardian Signature _____

Date _____ / _____ / _____

Changes or updates

List changes _____

Parent/Guardian Signature _____

Date _____ / _____ / _____

Riverview Christian Early Learning Center

TOILETING ASSISTANCE PERMISSION FORM

All parents of children 5 and under must sign and return the form below.

Here at RCELC every child must be supervised at all times. This includes trips to the restrooms.

All children 5 and under will be assisted by our staff. This assistance will depend on the individual needs of each child. Our teachers are expected to provide assistance according to the directions of the child's family. We also want to increase self-help skills. You will receive updates regarding your child's progress and suggestions regarding when to increase your child's participation with the tasks below. We want to ensure that expectations at home are consistent with expectations at school to eliminate any confusion. Assistance will include the following tasks:

- Assistance with Clothing
- Assistance with Diapering and/or Wiping
- Assistance with Hand Washing

All children kindergarten and above will be supervised, but encouraged to take care of the above tasks on their own. You do not need to sign the form below unless your elementary age child truly needs more assistance. In this case, please sign the form below and indicate specific needs at the bottom of this form.

Thank you for your cooperation.

Sincerely,
RCELC Administration

I give permission for my child _____ to be assisted in the restroom or with diapering by RCELC Staff.

_____ _____ / _____ / _____

(Parent/Guardian Signature) (Date)

Comments

_____

Riverview Christian Early Learning Center