

Rhema  
Child Development Center



Family Registration Packet



RHEMA CHILD DEVELOPMENT CENTER  
1025 West Kenosha  
Broken Arrow, OK 74012

Dear Parents,

We appreciate your interest in Rhema Child Development Center. We are so excited to have you and your child become a part of our family. To help us better serve you and your child in the soon coming school year, we would like you to fill out the information in this packet and return it as soon as possible.

Rhema Child Development Center believes that the first step in learning is developing a healthy self-concept in each child. We want each child to know that he or she is a worthwhile and valuable person in the world and in the eyes of God.

As a parent, you have entrusted into our care your most valued treasure, your child. Therefore, our main goal is to serve you and your child with a spirit of excellence. We believe that our programs will help your child to develop academically, emotionally, socially, and spiritually.

My staff and I are equally committed to the safety and well-being of each child here at Rhema Child Development Center.

If I can be of service to you, please contact me at (918)258-0594 or stop by the office.

Sincerely,

Mrs. Alisha Damron  
RCDC Manager/Director

**Parent/Guardian Information**

Registration Date \_\_\_\_\_

Mother/Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (*if married, mark both parents*)

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> Set \_\_\_\_\_ - 2<sup>nd</sup> Set \_\_\_\_\_

**\*\*Each family member must have a unique PIN number. We need to track who drops off/picks up your child.**

Father/Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (*if married, mark both parents*)

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> Set \_\_\_\_\_ - 2<sup>nd</sup> Set \_\_\_\_\_

**\*\*Each family member must have a unique PIN number. We need to track who drops off/picks up your child.**

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Waitlist Time Told: \_\_\_\_\_ Notes: \_\_\_\_\_

**Child Information**

Child
-------

 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_\_      Nickname: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require:

\_\_\_\_\_  
\_\_\_\_\_

Has your child been enrolled in any other childcare facility (Center or home) in the last three years?

Yes  No

Please list the childcare facilities your child has been enrolled in: \_\_\_\_\_

\_\_\_\_\_

Would these facilities re-enroll your child?  Yes  No

Has your child been dismissed from any childcare facility?  Yes (please explain)  No

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Emergency Contacts & Authorized Pickup Persons**

**1<sup>st</sup> Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**2<sup>nd</sup> Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**3<sup>rd</sup> Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**4<sup>th</sup> Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**Tuition/Payment Information:**

We accept automatic withdrawal payments only. The total tuition due per month is: \$ \_\_\_\_\_

I would like:

the total amount withdrawn on the 1<sup>st</sup> of each month.

half of the tuition withdrawn on the 1<sup>st</sup> of each month and half on the 15<sup>th</sup>.

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above: \_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

Is there any other information that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information and Release Form**

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL RELEASE**

I hereby give permission for \_\_\_\_\_ to be treated by authorized licensed medical personnel as a result of an accident emergency while involved in the activities of RHEMA Child Development Center, Broken Arrow, OK.

Signed: \_\_\_\_\_

Relation to child: \_\_\_\_\_

State of Oklahoma  
County of TULSA

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

Notary Public: \_\_\_\_\_  
My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**IMMUNIZATIONS**

The following immunizations are required by the Department of Human Services:

DTap	HIB	Varicella
Polio/IPV	Hep B	PCV
MMR	HepA	Rotavirus

These shots are important for the safety of your child and all the other children in the school. Your promptness will be appreciated.

**\*\*\*Please provide a photocopy of original record.\*\*\***

Child's Name \_\_\_\_\_ has been examined and found free of infectious and contagious disease and is physically and mentally able to participate in group activities.

Date \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

**HEALTH INFORMATION**

Please describe the following information on your child:

Past illnesses \_\_\_\_\_

Physical Defects \_\_\_\_\_

Allergies (food, animal, medications, etc.) \_\_\_\_\_

**EMERGENCY MEDICAL CARE AND TRANSPORT**

I hereby authorize this facility:

1. To care for my child during the time he or she is in the facility.
2. To secure emergency medical care for my child in case of inability of Center to reach me.
3. To transport my child to a health care facility for emergency medical treatment.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Child/Teacher Information Sheet

**Child Name:** \_\_\_\_\_ **Nick-Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parent's Information:**

Mom: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Dad: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other family that resides in the home:

\_\_\_\_\_

Does your child have any friends/acquaintances at RCDC? (circle one) Yes No

If yes, who are they? \_\_\_\_\_

Favorite Toy: \_\_\_\_\_

Favorite things to do: \_\_\_\_\_

Child sleeps on: side tummy back (circle one)

Does your child have a sleep enhancer: (doll, etc.) \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Ongoing Medication: \_\_\_\_\_

Fears: \_\_\_\_\_

What special thing do you do to comfort when he/she is crying? \_\_\_\_\_

\_\_\_\_\_

How does your child react to new situations? \_\_\_\_\_

Describe your child's temperament (shy, outgoing, a leader, strong willed, etc.)

\_\_\_\_\_

Additional information that affects your child's behavior \_\_\_\_\_

\_\_\_\_\_

**Thank you for helping RCDC staff know your child better.**

**Permission for Transportation To/From School**

I hereby give permission to *Rhema Child Development Center* and its authorized representatives to transport my child, \_\_\_\_\_, to \_\_\_\_\_ Elementary School at \_\_\_\_\_ AM/PM on school days and to pick up my child from said school at \_\_\_\_\_ AM/PM on school days and transport to the center. I hold *Rhema Child Development Center* harmless in the case of injury during the above said transportation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Permission & Liability Waiver**

I hereby give my permission for my child, \_\_\_\_\_, to go on field trips outside the *Rhema Child Development Center* and to be transported by *Rhema Child Development Center* vans as long as I am notified at least forty-eight (48) hours in advance of said field trip and am provided with information regarding the time and location of the field trip activity. I understand that I will be notified prior to departure if the field trip location is changed.

I, the undersigned parent (or legally appointed guardian) of the previously mentioned child(ren), in consideration of *Rhema Child Development Center*, acknowledge that participation in these activities involves inherent risks, including but not limited to personal injury. I assume full responsibility for these risks and hereby release and hold harmless *Rhema Child Development Center*, its directors, employees, and the affiliated church from any and all liabilities, claims, suits, demands, or actions arising from my child(ren)'s participation. This release and hold harmless agreement shall be binding upon all successors and heirs.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Permission for Water Activity**

I hereby give permission for my child, \_\_\_\_\_, to participate in water activities (i.e. slip and slide, sprinklers, splashing) with *Rhema Child Development Center*. I understand that the center will provide proper supervision during all water activities. Therefore, I hold *Rhema Child Development Center* harmless in the case of injury during said activity.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Photo Use**

I, \_\_\_\_\_, give my permission to *Rhema Child Development Center* to use photos of my child, \_\_\_\_\_ participating in class activities and special events as a part of their website, [www.rhemachildcare.com](http://www.rhemachildcare.com).

I, \_\_\_\_\_, do not wish for my child, \_\_\_\_\_ to have his/her picture placed on [www.rhemachildcare.com](http://www.rhemachildcare.com).

**Behavior Policy Statement**

The *RCDC Childcare Staff* consists of trained professionals qualified to handle a range of behavioral challenges. If a child displays serious behaviors, such as a high level of aggression or actions that jeopardize safety, the director and teachers will collaborate closely with the parents to replace problem behaviors with positive alternatives.

However, some behaviors may require specialized support beyond what *RCDC* can provide. If a child exhibits a continuous pattern of extremely disruptive or injurious behavior toward peers, staff, or themselves, parents may be required to remove the child from the program.

I have read and fully understand the *RCDC Behavior Policy Statement*.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Infant Swaddling Permission Slip**

I, \_\_\_\_\_, give permission to *Rhema Child Development Center* to swaddle my child, \_\_\_\_\_, while they are in the infant classrooms at *Rhema Child Development Center* to provide comfort and aid in sleeping.

I, the undersigned parent (or legally appointed guardian) of the previously mentioned child(ren), for and in consideration by *RHEMA Child Development Center*, and in the recognition that such participation involves certain inherent dangers, including but not limited to personal injury, do hereby give permission for my child to participate in said event. I furthermore, recognize the inherent dangers of such activity, agree to assume full responsibility for such risks and hereby release and hold harmless *Rhema Child Development Center*, directors, and employees, and the church in which this child development center is located, from any and all liabilities, claims and suits, demands, or actions which may arise from my child(ren)'s participation as aforementioned. This release and hold harmless shall be binding all successors and heirs.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

---

---

I have read, understand, and will comply with the *Rhema Child Development Center* Parent Handbook.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature