

For official use only:

Date of Registration _____

Date of Termination Status _____

RiverWalk Christian Academy Child Care Enrollment Application

Please fill in application completely and legibly

Childs Name _____
(Last Name) (First Name) (Middle)

Child's Address _____

City _____ State _____ Zip _____

Date of Birth _____ Sex M F Phone # _____

Full time _____ Part-Time _____ Approx arrival time _____ Approx Departure time _____

Enrolling Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

Email Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work# _____ Ext. _____

Address _____ City/State/Zip _____ Work hours _____

Parent/Guardian Name _____
(Last Name) (First Name) (Initial)

Relationship to child _____ Drivers License # _____

Address _____ City/State/Zip _____

Email Address _____ Home Phone # _____ Cell Phone # _____

Employer _____ Work# _____ Ext. _____

Address _____ City/State/Zip _____ Work hours _____

Parents Marital Status Married Divorced Single **Primary Residence** Both Mother Father Guardian

Guardian child lives with: _____ Relationship _____

If divorced, who has legal custody? _____

May non custodial parent pick up the child? Yes No

RiverWalk Christian Child Care must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

The child will be released only to the people on this application and the following persons:

Name _____ Relationship to child _____

Address _____ Phone #'s _____

Name _____ Relationship to Child _____

Address _____ Phone #'s _____

Enrolling Parent/Guardian Signature _____ Date _____

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Continued

Child's Name _____
(Last) (First) (Middle)

Child's Physician _____

Any Allergies or Special Needs: _____

Hospital Preference _____

Emergency Contact other than parents _____

Name _____ Address _____ Phone _____

Is your child potty trained? Yes No If no is your child ready to begin toilet training? Yes No

What does your child say when he/she wishes to use the toilet _____

Does your child need help: Dressing Eating Washing Hands Other _____

Does your child have any special fear or problems? _____

Do you currently attend church? Yes No If so where: _____

Has your child been cared for by anyone other than the parents? Yes No

If yes, whom? _____

Favorite Book _____ Favorite Game/Toy _____

The Child Care Center will be open from 6:00AM until 6:00PM

- I agree I am enrolling for _____ days per week at a cost of _____.
- Payment in full is due each week, payment is not reduced for absences, early pickup, closures due to holidays, or weather conditions.
- I understand my child may be absent three weeks each year that they will not be charged for. Administration must be notified in advance of absences all other weeks must be paid at full rate.
- I agree to pay a registration fee at the time of enrollment and a yearly material fee according to the age group of my child.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a fee for late pick-ups.
- I will be charged a fee for all returned checks
- This institution reserves the right to terminate services for non-payment, un-controllable behavior or non-parental support of the Child Care policies and procedures. We reserve the right to refuse services if it is in the best interest of the facility or child at anytime.

I have read and understand all payment and absence policies listed above.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

***Note please notify the center immediately if any information changes such as phone numbers addresses etc.

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Parent Authorization

I hereby authorize the staff and administration, representing RiverWalk Christian Academy Child Care to give consent for any and all necessary emergency medical and First Aid for my child, _____, while he/she is in RiverWalk Christian Academy Child Care's custody.

SIGNATURE OF PARENT/GUARDIAN _____

State of Florida County of Seminole

Subscribed and sworn before me on this _____ day _____, 20__

Who is personally known to me or has produced _____ for identification

Who did / did not take an oath.

Notary Public

My commission expires on: _____

Signature of Notary: _____

Notary Public Name (Print) _____

My commission expires _____

Seal: _____

Academy Permissions

- Permission (is / is not) given for photography for publicity and advertising purposes such as but not limited to internet, print or other forms of graphic media.

Signature of Parent or Guardian _____ Date _____

**Please note your child maybe photographed for classroom use, projects and yearbook.

CHILD INFORMATION

Enrollment Date _____

Name of Child: _____ Sex: _____

Date of Birth: _____ Allergies: _____

Home Address: _____

Parent or Guardian: _____

Phone: _____ Work Phone: _____

Cell Phone: _____ Drivers License #: _____

Name of Parents employer: _____

Address: _____

Email: _____

Parent or Guardian: _____

Phone: _____ Work Phone: _____

Cell Phone: _____ Drivers License #: _____

Name of Parents employer: _____

Address: _____

Email: _____

OTHERS TO BE CONTACTED WITHIN THE IMMEDIATE AREA IF PARENTS OR GUARDIAN CANNOT BE CONTACTED IN CASE OF EMERGENCY & THOSE ALLOWED PICKING UP CHILD:

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Physician Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____