

# 2010/2011 Registration Form

Child's Full Name (List Each Child)	Gender (M / F)	Name Called		Birthday	Age as of 9/1/09

<b>Father's/Guardian's Last Name</b>	<b>Father's/Guardian's First Name</b>	<b>Father's/Guardian's Home / Cell Phone</b>	
		H:	C:
<b>Mother's Last Name (If Different)</b>	<b>Mother's First Name</b>	<b>Mother's Home/Cell Phone</b>	
		H:	C:
<b>Mailing/Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Alternate Phone Number(s)</b>	<b>Email Address (For Important Messages)</b>		
<b>Emergency Contact Name</b>	<b>Emergency Contact Phone</b>	<b>Relationship to Child</b>	
<b>Persons Authorized to Pick up Child</b>	<b>Phone</b>	<b>Relationship to Child</b>	
<b>Insurance Provider</b>	<b>Policy Number</b>	<b>Name of Policy Holder</b>	

**Instructions**

1. Complete all information on the Registration, Parental Consent, & Health Statement Forms
2. Include a check for total applicable Registration & Curriculum Fees – covering all children listed
3. Deliver the completed Registration, Parental Consent, and Health Statement Forms and Registration & Curriculum Fee payment to the Next Generation CDC office at Oakdale Baptist Church (A101).

# **2010/2011 Parental Consent Form**

**Parental Authorization:**

I hereby request that my child be enrolled in The Next Generation – CDC. I understand and I'm 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 The Next Generation – CDC (In association with Oakdale Baptist Church), and/or its staff and volunteers from any and all liability, claims, damage, injury or illness sustained by my child.
- In the event that a parent and or guardian is not able to be reached, I grant permission for The Next Generation – CDC (In association with Oakdale Baptist Church) 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 The Next Generation – CDC (In association with Oakdale Baptist Church) may photograph or videotape my child during regularly scheduled activities for use in promotional materials, unless directly instructed by a parent/ guardian otherwise.

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.

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

**Return this form with your Registration Form**

## **2010/2011 Health Form**

Name of Child: \_\_\_\_\_ Date \_\_\_\_\_

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 Next Generation CDC is not responsible for dispensing medication, unless we have a signed parent permission slip and a letter from the child's pediatrician.

\_\_\_\_\_

**Return this form with your Registration Form**

**Please attach a copy of a current immunization certificate**

## **2010/2011 Fee Schedule (per child)**

**Annual Registration:** \$ 75.00

Not to exceed \$125.00 per family

### **Annual Curriculum Fee:**

(Due Every Fall)

2 year old	\$ 75.00
3 year old	\$ 75.00
K-4 through 1 <sup>st</sup> Grade	\$125.00

### **Weekly Tuition:**

Infants :	\$147.00
1 year olds	\$147.00
2 year olds :	\$137.00
3 years – K-4 :	\$127.00
K-5 & 1 <sup>st</sup> Grade	\$125.00

### **After School Care:**

(K-5 through 8<sup>th</sup> Grade)

5 day	\$ 55.00
3 day	\$ 45.00

### **Summer Camp**

(K-5 through 8<sup>th</sup> grade)

5 day	\$ 125.00
3 day	\$ 82.00

## **2010/2011 Fee Collection Policy**

### **\* Authorized Payment Collection**

Teachers are not authorized to accept payments. Payments must be given directly to the CDC Director, or via the Drop Box in the lobby of the Oakdale Baptist Church Family Life Center – each person will be appropriately identified. *Parents or guardians are responsible for ensuring the payment is received, not the child; please drop the payment at the CDC Office (A101) by the stated deadline.*

### **\* Payment Deadline – Every Thursday for the Upcoming Week**

The payment deadline applies to all rates. A Drop Box is also provided in the Oakdale Baptist Church Family Life Center for easy payment if the Director is not available.

### **\* Late Payment Fee Assessment**

A Late Payment fee of \$15.00 per week will be assessed, if payment is not received by stated deadline. In addition, if the payment is not received within seven days of due date, your child will not be allowed to continue attending until all funds are received.

### **\* 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**

To assist our Financial Administrator, please make checks payable to Next Generation CDC and write in the memo line of your check:  
(1) the names of your child or children and (2) the period the check covers.

### **\* Your Feedback Is Important**

Please feel free to contact The Next Generation CDC Office at 803-327-8405 with any comments, suggestions or questions.



**The Next Generation  
Child Development Center**

**1249 Oakdale Road  
Rock Hill, SC 29730  
Phone: 803-327-8405  
Fax: 803-327-7625**