



# Registration Form

## 2024 -2025 School Year

Phone: 798-2716  
Fax: 753-6984

Child's Full Legal Name: \_\_\_\_\_ Male o Female (circle one)

Preferred name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**A NON-REFUNDABLE REGISTRATION FEE OF \$150.00 MUST ACCOMPANY THIS FORM.**

*\*Current immunizations must be turned in prior to day 1 of your child starting.  
Religious exemptions are not accepted.*

**Application Status:**

- \_\_\_\_ Member of Riverland Hills
- \_\_\_\_ Currently enrolled
- \_\_\_\_ Previous Child enrolled
- \_\_\_\_ New to Riverland Hills Day School

**Application for Preschool Class:**

- \_\_\_\_ 2-Year-Old \_\_\_\_M/W/F \_\_\_\_T/TH \_\_\_\_5 days
- \_\_\_\_ 3-Year-Old \_\_\_\_M/W/F \_\_\_\_T/TH \_\_\_\_5 days
- \_\_\_\_ 5 Day PreK4 *\*this is the only schedule offered*

**Birthdate eligibility: Twos- Born Sept. 1, 2021- Aug. 31, 2022**

**Threes- Born Sept. 1, 2020- Aug. 31, 2021**

**Fours- Born Sept. 1, 2019 - Aug. 31, 2020**

List of previous programs: \_\_\_\_\_

How did you learn of our program? \_\_\_\_\_

Does your family attend church? **Y/N** (circle one) If yes, which church? \_\_\_\_\_

**For Office Use Only** \*Required for Admission

Date:	Paid: Ck# Cash	<input type="checkbox"/> Entered <input type="checkbox"/> Tuition <input type="checkbox"/> Billed <input type="checkbox"/> Schedule	Permission to photo:  Y    N	Directory Permission:  Y    N		DSS 2900 Form *	Immun.*	Discipline*	Dev. Hlth History
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**Family Information:**

**Mother's Name:** \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/zip \_\_\_\_\_

Email address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/zip \_\_\_\_\_  
(if different from one listed above)

Email address \_\_\_\_\_

Are parents married? **Y/N (circle one)** If not, are there step-parents? **Y/N (circle one)**  
Are there any custody issues? **Y/N (circle one)** If yes, the Day School must have copies of legal documents on file if there are any special circumstances of which we need to be aware.

**Permission to send text correspondence**

I/We give permission to send messages through text of school closings, reminders, and Day School happenings.

\_\_\_\_\_  
Signature of parent required for permission Phone Provider

**Student Directory**

I/We, \_\_\_\_\_, give my/our permission to publish name,  
Signature of parent required for permission  
address, home phone number and email address in a Student Directory, or to give information to other parents when they ask for contact information.

**Photo/Video Permission & Release**

I/We, \_\_\_\_\_ hereby authorize Riverland Hills Day School  
Signature of parent required for permission

(RHDS) and/or their agents to take photograph(s) and/or videos. I also understand that these photographs and/or videos will be used in print and/or on the Riverland Hills Baptist Church (RHBC) website. I specifically understand that RHDS shall hereby retain any and all rights in respect to the photograph(s) and/or video/film project(s) and/or website/internet project(s), including but not limited to, the rights to reproduce, copy/edit, exhibit, publish, or distribute such photograph(s) and/or video/film project(s) and/or website/internet project(s). I further understand that photographs and/or videos may be used in a publication, print-ad, direct mail piece, social media or other form of promotion. I release RHDS, RHDS employees, RHDS designees and the photographer/videographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

## Emergency Information/Authorization for pick-up:

Family Code Word \_\_\_\_\_

The following listed individuals have permission to pick up my child or to be contacted in case of an emergency. I understand that I will need to fill out an "Individual Child Check out Form" each time someone other than a person on this list is to pick up my child and turn it in to the office. The Day School Staff Members are authorized to request a photo ID from anyone with whom they are unfamiliar, even if listed on this form.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

home phone: (\_\_\_\_) \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_ cell phone: (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

home phone: (\_\_\_\_) \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_ cell phone: (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

home phone: (\_\_\_\_) \_\_\_\_\_ work phone: (\_\_\_\_) \_\_\_\_\_ cell phone: (\_\_\_\_) \_\_\_\_\_

I (We) have read and understand the Riverland Hills Day School policy on authorization for pick-up of children.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following person(s) may not pick up my child. Legal documentation must be on file in the Day School office.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

### Health/Medical Information:

List any allergies, health concerns, special medical treatments, and/or daily medication involving your child:

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

Child's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

(This information is needed in the event your child must be transported to the hospital)

### Medical Treatment:

I/We, \_\_\_\_\_, give my/our permission to Riverland Hills Day School Staff to take

Signature of parent required for permission

whatever emergency measures are judged necessary (for first aid or emergency evacuation) for the care and protection of my child while under the supervision of the Day School. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. If the local emergency resource deems it necessary to transport my child, it will be to the closest hospital facility. A staff member from RHDS will accompany my child and will stay at the hospital facility until the parent or emergency contact arrives. I authorize Riverland Hills Day School staff to obtain emergency medical treatment for my child if necessary. If the Day School is unable to reach the parent, the list of contacts listed in the emergency information on the previous page will be called in the order in which they are listed. I understand that any medical expense incurred as a result of transporting or treatment will be my responsibility. I understand that accidents can occur while children play together, and I agree not to hold Riverland Hills Day school or Riverland Hills Baptist Church liable for any unforeseen accidents that may occur.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

# Health History 2024-2025

The following information will go to your child's classroom teacher. Please be thorough with the information so that we can best know how to take care of your child.

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

Birth Date \_\_\_\_\_

## Physical Health

Does your child have any food allergies? **Y/N**

Does your child have dietary restrictions? **Y/N**

If yes, please list the allergies/dietary needs and instruct us how to handle these allergies. (In severe cases, an allergy plan from your physician may be required)

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Has your child had any health problems in the past? **Y/N** If yes, please explain.

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Any current health issues or chronic illnesses that we should be aware of? (asthma, frequent earaches, eczema, nursemaid's elbow, etc.)?

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Does your child take any medication regularly? **Y/N** If yes, what? \_\_\_\_\_  
(Please refer to the parent handbook for information about administering medicine at school.)

Has your child ever been hospitalized? **Y/N** If yes, please explain. \_\_\_\_\_

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Does your child have a disability that has been diagnosed? (cerebral palsy, seizure disorder, developmental delay, speech delay, etc.)

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## Developmental Health

Do you have concerns about your child in any of the following areas: (circle any that apply)

Eyes (seeing)

Ears (hearing)

Teeth

Speech

Gross Motor (walking, running, moving)

Fine Motor (use of hands in drawing, puzzles, small toys)

Please explain any concerns you have in more detail \_\_\_\_\_

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South Carolina Department of Social Services  
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

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

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility:  **Mon**  **Tue**  **Wed**  **Thurs**  **Fri**  **Sat**  **Sun**

**Check** all meals Child will receive daily:  **Meals are not offered**  **Breakfast**  **Morning Snack**  **Lunch**  
 **Afternoon Snack**  **Dinner**  **Evening Snack**

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

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

Additional Comments: \_\_\_\_\_

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

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee

## Riverland Hills Day School Child Discipline Policy

Riverland Hills Day School is committed to providing children and families with quality learning and care in a safe and loving environment. We believe discipline should be handled in a positive way.

### The following are ***NEVER*** permitted at Riverland Hills Day School:

- Corporal punishment or physical force, including but not limited to: spanking, slapping, pinching, biting. Jerking, holding too tightly, picking up by arms.
- Deprivation of food, water, nap, special activities or bathroom facilities.
- Unsupervised and/or long periods of isolation.
- Negative discipline that humiliates, shames or frightens children, including yelling.

### In order to facilitate positive discipline, teachers will use the following strategies/techniques in the classroom:

- Teachers will set clear limits that are developmentally appropriate for the child, and structure the environment to meet the needs of the children and to keep them engaged.
- Teachers will use positive redirection to acceptable activities.
- Teachers will reinforce positive behaviors that are observed.
- Teachers will interact with children, showing love, interest, sensitivity and respect for them.
- Teachers will be available and responsive to their needs.
- Teachers will use guidance to teach prosocial behaviors, such as sharing, cooperating and turn taking.
- Teachers will use children's mistakes as learning opportunities.
- Teachers will guide children through conflict resolution.

### When actions occur that are inappropriate in the classroom environment, the following steps will be used by the teacher:

Step 1: A non-verbal warning, using the strategies/techniques named above.

Step 2: A verbal warning, stating the undesired behavior, the desired behavior and the consequence if not corrected.

Step 3: A logical consequence is applied.

### When behaviors are severe and/or chronic, occurring on a regular basis, the following strategies are used:

- The child will meet with the office staff to talk about expectations.
- The teacher will consult with the director about classroom behavior.
- The teacher will call the parent to reach a joint agreement about what is best for the child.
- A conference with the parents will be requested by the Director and/or teacher.

**\*Note:** Quiet Time/Time Out: The use of "time-out" as discipline is not punishment. The time-out is used to allow the child to calm down so that the teacher can talk to the child and guide him/her in positive behavior. This calm down period should last no longer than one minute per year of the child's age (ex: 3 minutes for a 3-year-old), and the adult will talk to the child prior to re-entry to the group, helping the child process feelings and learn right from wrong. The child will remain in full sight of the teacher the entire time of the time-out, and there will not be a designated time-out chair for children in the room.

**In the event a resolution cannot be reached, the quality of the learning environment is being jeopardized, or the safety of the child involved or other children enrolled cannot be ensured, the parents may be required to withdraw the child from Riverland Hills Day School.**

**I have read and understand the Discipline Policy of Riverland Hills Day School:**

Signature: \_\_\_\_\_

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



# RHDS Tuition Options

2024-2025 School Year

Phone: 798-2716 Fax: 753-6984

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

## Options for Tuition

Please choose a plan

Prices below are the projected monthly amounts for the 2024-2025 school year.

**Prices are subject to change and will be finalized in August.**

Plan A: 9 AM – 12 PM (3 Hours) ____ 2 Days a week (T/Th) \$187 ____ 3 Days a week (M/W/F) \$217 ____ 5 Days a week \$291	Plan A Early Bird: 7:30 AM – 12 PM (4.5 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$245 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$305 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$433
Plan B: 9 AM – 2:30 PM (5.5 Hours) ____ 2 Days a week (T/Th) \$219 ____ 3 Days a week (M/W/F) \$320 ____ 5 Days a week \$535	Plan B Early Bird: 7:30 AM – 2:30 PM (7 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$278 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$407 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$678
Plan C: 9 AM – 4:30 PM (7.5 Hours) ____ 2 Days a week (T/Th) \$292 ____ 3 Days a week (M/W/F) \$437 ____ 5 Days a week \$731	Plan C Early Bird: 7:30 AM – 4:30 PM (9 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$351 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$525 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$874
Plan D: 9 AM – 5:30 PM (8.5 Hours) ____ 2 Days a week (T/Th) \$337 ____ 3 Days a week (M/W/F) \$498 ____ 5 Days a week \$829	Plan D Early Bird: 7:30 AM – 5:30 PM (10 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$396 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$586 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$933

**Early Drop-off / Late Pick-up Fee \$1/minute**

**Late fee after 5:30 pm - \$5/minute**

Yearly registration fee due with registration paperwork - \$150/year (\$200/family)

Supply fees due August and January - \$45 for 2 days, \$60 for 3 days, \$75 for 5 days