



Registration Form

2026 -2027 School Year
Phone: 798-2716
Fax: 753-6984

Child's Full Legal Name: _____ Male _____ Female

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, 2023- Aug. 31, 2024

Threes- Born Sept. 1, 2022- Aug. 31, 2023

Fours- Born Sept. 1, 2021 - Aug. 31, 2022

List of previous programs: _____

How did you learn of our program? _____

Does your family attend church? ____Y ____N If yes, which church? _____

For Office Use Only *Required for Admission

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

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 If not, are there step-parents? ☐ Y ☐ NAre there any custody issues? ☐ Y ☐ N 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.**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.

Ministry Outreach:

Riverland Hills Day School is a ministry of Riverland Hills Baptist Church (RHBC). From time to time the church would like to reach out and let you know about ministry opportunities or family events.

I/We, _____, give my/our permission to provide our family
Signature of parent required for permission

contact information to church staff or volunteers.

Registration Requests:

All classroom requests will be considered, but accommodation cannot be guaranteed. Thank you for your understanding.

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 2026-2027

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)

Has your child had any health problems in the past? ___Y___N If yes, please explain.

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

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. _____

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

Developmental Health

Do you have concerns about your child in any of the following areas: (check 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 _____

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: _____

Child's Name: _____



FINANCIAL AGREEMENT

The following policies are set forth by the Riverland Hills Baptist Church Executive Director. If other arrangements need to be made, they must be submitted in writing and sent to the Day School Director. The Executive Director will respond within 30 days. You will be notified by the Day School Director of their response.

- Tuition is due by the 10th of each month. Any payments made after the 10th are subject to a \$25 late fee. Payments can be made by credit card, ACH or check.
- RHDS students will not be allowed to attend class if fees are not paid by the end of the month.
- Registration fees are **non-refundable** and due at the time of enrollment and re-enrollment.
- Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, closings due to inclement weather, scheduled days closed for holidays, teacher workdays, etc.
- Monthly fees are based on the average cost of operation not based on the number of days your child is attending. Tuition will not be prorated for shorter months. **The only scheduled prorations are 1 week in August, 1 week in December and 2 weeks in June. (Summer prorations TBD.)**
- A fee of \$35 will be charged to your account for returned checks and/or declined ACH payments. After the second payment is returned/declined, all payment must be made in cash, money order or cashier's check.
- A \$80 supply fee will be billed to your account twice a year (August and January).

All financial information is provided on the Procure app and the monthly paper statements sent home with students.

BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ, UNDERTSOOD, AND AGREE WITH ITS PROVISIONS AND ACCEPT RESPONSIBILTY FOR MY CHILDS' FINANCIAL ACCOUNT. I ALSO UNDERSTAND THAT ALL FEES THAT HAVE BEEN PAID ARE NON-REFUNDABLE.

I hereby agree to pay all monthly balances by the 10th of each month while my child is attending RHDS.

PARENT'S/GUARDIAN'S SIGNATURE: _____
(Required)

CHILD'S NAME: _____ **DATE:** _____



RHDS Monthly Tuition Options

2026-2027 School Year

Phone: 798-2716 Fax: 753-6984

Child's Full Legal Name: _____ Date of Birth: _____

Parent(s) Name: _____ Home Phone: (____) _____

Options for Monthly Tuition

Please choose a plan

Prices below are the **projected monthly amounts** for the 2026-2027 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) \$198 ____ 3 Days a week (M/W/F) \$230 ____ 5 Days a week \$309	Plan A Early Bird: 7:30 AM – 12 PM (4.5 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$260 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$324 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$459
Plan B: 9 AM – 2:30 PM (5.5 Hours) ____ 2 Days a week (T/Th) \$233 ____ 3 Days a week (M/W/F) \$339 ____ 5 Days a week \$568	Plan B Early Bird: 7:30 AM – 2:30 PM (7 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$295 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$432 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$719
Plan C: 9 AM – 4:30 PM (7.5 Hours) ____ 2 Days a week (T/Th) \$310 ____ 3 Days a week (M/W/F) \$464 ____ 5 Days a week \$776	Plan C Early Bird: 7:30 AM – 4:30 PM (9 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$372 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$557 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$927
Plan D: 9 AM – 5:30 PM (8.5 Hours) ____ 2 Days a week (T/Th) \$358 ____ 3 Days a week (M/W/F) \$528 ____ 5 Days a week \$879	Plan D Early Bird: 7:30 AM – 5:30 PM (10 Hours) ____ 2 Days a week Early Bird Option (7:30-9:00 AM) \$420 ____ 3 Days a week Early Bird Option (7:30-9:00 AM) \$622 ____ 5 Days a week Early Bird Option (7:30-9:00 AM) \$1,010

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

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

____ **Applied for District 4K** *Your spot here will be reserved for your child and will NOT be given away without a withdrawal notice

Yearly registration fee due with registration paperwork - \$150/year (\$200/family); \$80 Supply fee due August and January