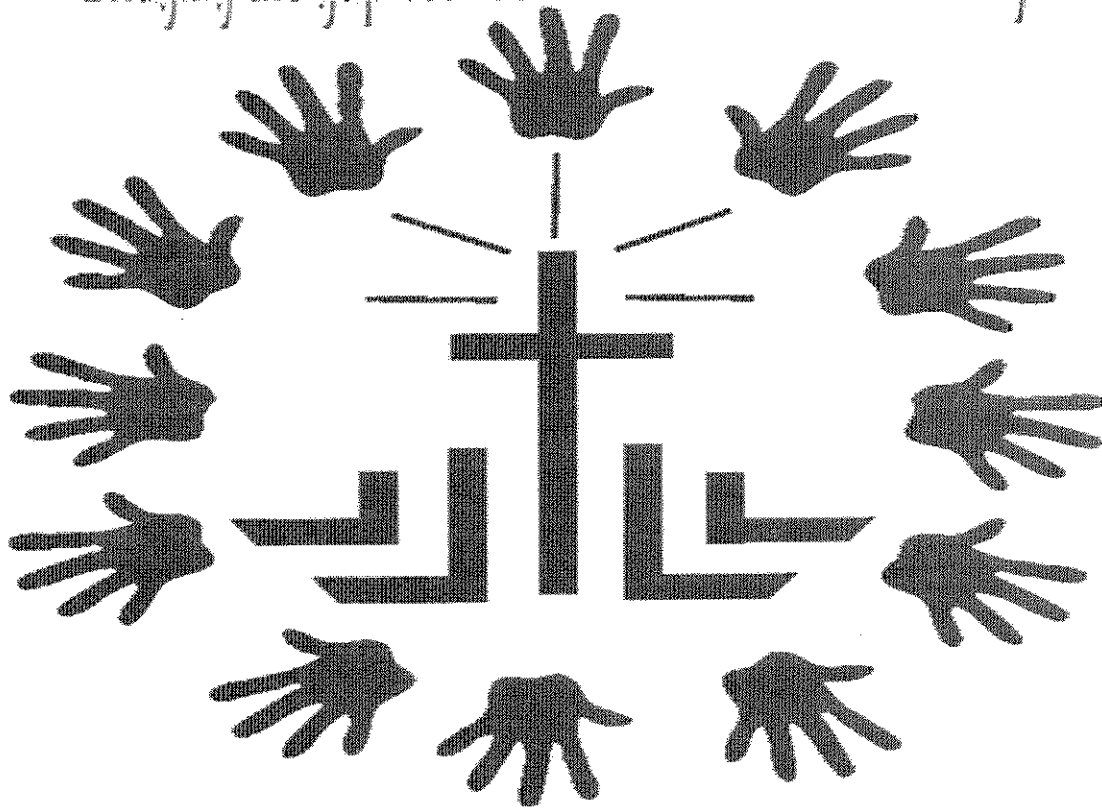


REHOBOTH BAPTIST CHURCH CHILD DEVELOPMENT CENTER

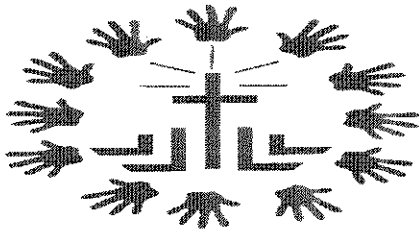
“Bridging the gap between church and the community”



ENROLLMENT PACKET

Suffer the little to come unto me and forbid them not; for of such is the kingdom of God

Mark 10:14



REHOBOTH BAPTIST CHURCH
CHILD DEVELOPMENT CENTER
4642 HARDSCRABBLE ROAD
COLUMBIA, SOUTH CAROLINA 29229
803.865.0076

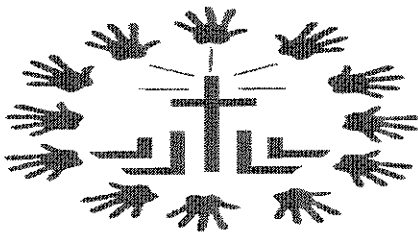
**ANNUAL STATEMENT OF UNDERSTANDING AND AGREEMENT WITH
THE OPERATION OF THE REHOBOTH CDC FACILITY
2013**

*I, (name) _____, as a _____ parent/ _____ staff
associated with Rehoboth Baptist Child Development Center do attest that I
have read, understood, and agreed to the following policies:*

1. This center permits the parent of a child in care free and full access to his or her child without prior notice while their child is receiving care, unless there is a court order limiting parental access. This access must not disrupt instructional activities and classroom routines.
2. This center has a policy for the release of children, included in the registration packet, which includes a security system to prevent the inappropriate release of a child to an unauthorized person. This policy is communicated with the parent upon admission.
3. This center uses **NO CORPORAL PUNISHMENT**. Corporal punishment is defined as the use of physical force to the body as a discipline measure. This includes but is not limited to spanking, slapping, biting, shaking, depriving a child of food, water, naps, or bathroom facilities, etc. The utilization of corporal punishment will never be allowed. Any violation of this policy is grounds for dismissal.
4. Parents are provided with the following upon admission with the following: free and full access, policy and procedures for release of children, immunizations and physical exams for their child, policy for administering medications, discipline policies and behavior management.
5. Parent Information Board contains information on menu, schedule, ratios, calendar, monthly newsletter, and any other pertinent information on a continuous basis.
6. Staff Personnel Manual and Handbook contains updated material all policies and procedures for the CDC. Each new issue will be made available to me at the beginning of each school and no later than Sept. 1st
7. Staff meets frequently with the Director to review ongoing and new policies and procedures for the health and safety of the children, as well as those issues for successful operation of the CDC.

Parent/Staff Signature

Date



REHOBOTH BAPTIST CHURCH
CHILD DEVELOPMENT CENTER
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COLUMBIA, SOUTH CAROLINA 29229
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HOURS OF OPERATION

MONDAY-FRIDAY 6:30 AM – 6:30 PM

*Summer Hours: Monday- Friday 7:00 AM- 6:00 PM

TUITION AND FEES

*****ALL monies are payable by check, cashiers check, money order, or credit card*****
(all credit card payments subject to processing fee)

REGISTRATION (Due July 1st annually)

Preschool Program	\$80.00
After/Before School Program	\$55.00

TUITION – PRESCHOOL PROGRAM*

Infants and Toddlers	\$130.00 per week
Two years	\$125.00 per week
Three-Four years	\$120.00 per week
Family Discount* (applies to each child after the first)	\$ 10.00 per week

TUITION – AFTER SCHOOL PROGRAM

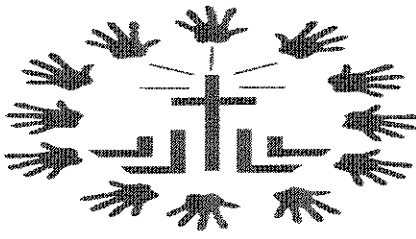
After School Only	\$ 55.00 per week
Before School Only	\$ 35.00 per week
Before AND After School	\$ 65.00 per week
Drop-In	\$ 35.00 per day

OTHER FEES

NSF/Returned Check	\$ 35.00 per item
Late Tuition (Tuition must be paid by Monday)	\$ 25.00
Late Pick-up fee	\$ 5.00 per 5 min.

SUMMER CAMP/SPRING & WINTER BREAK	\$85.00 per week
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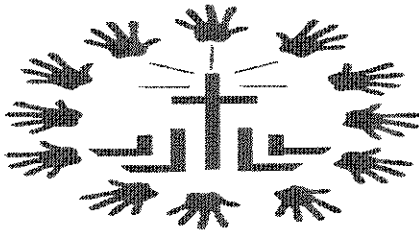
We thank God for your continued support of this ministry!



REHOBOTH BAPTIST CHURCH
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PARENT POLICY

1. **Hours of operation are from 6:30 am to 6:30pm, Monday to Friday (7:00-6:00 in the summer).** All children must be at the center NO LATER than 10:00 am. If your child is arriving later, a call must be made to the director(s) prior to stating that your child will still be coming. Any child arriving after the drop off cut-off time **WILL NOT** be permitted to attend that day. Should a child be left at the center after hours, a late fee of \$5.00 per 5 minutes after 6:30 pm will be assessed and added to the weekly tuition for the following week. After 7:00 pm, DSS will be notified.
2. An application and immunization record must be completed and signed prior to enrollment. Registration fees and the first week's tuition should be paid at the same time. Registration fees are nonrefundable and renewed each August. Separate registrations may be required for specialty camps. Preadmission health history, consent for medical treatment, and authorization for dispensing medication is required before your child begins the program.
3. Childcare fees are due on Fridays for the following week. If the fees are not paid by Monday, a late fee of \$20 will be added to the fee. Accounts not current for 1 week on three occasions will require all future payments to be made at least 1 week in advance in order for enrollment to continue.
4. Parents are required to sign their children in and out daily. This is a DSS requirement and vital in the event of an emergency requiring evacuation of the CDC.
5. Parents are expected to accompany children into the building and see that the child is under the supervision of a staff member before leaving the CDC.
6. Children are **ONLY** released into the care of persons authorized by the parent. Parents are asked to update the list of authorized care persons regularly and a photo ID is required.
7. Children under the age of 5 must bring at least one change of clothes, which are clearly marked with the first and last name. (Two changes are recommended). Children who are being toilet trained must bring extra rubber pants and training pants each day. Infants require a supply of diapers daily. All children clothing should have the name clearly printed inside of items in permanent marker.
8. All infant baby food and bottles should be clearly marked with labels. All bottles must have caps. This is essential for the health of our infants and a requirement of DSS.
9. Toddlers and Preschool age children are not permitted to have sippy cups in the CDC.
10. The CDC serves a nutritious breakfast, morning snack, lunch, and afternoon snack each day. The current menu is posted on the parent information board.
11. Children enrolled in the CDC will have a rest period between 12:30 and 2:30pm each day. This time may be used for napping or engaging in a quiet activity.
12. Children have daily activities on our playground except in the case of inclement weather. In the case of inclement weather, children will play in the gym.
13. Elementary age children participating in our after school program may be picked up by the CDC bus, from designated locations. The children will be notified by their school transportation representative where they should meet the bus. They should



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- board as soon as it is announced. Please notify the CDC before 2:00 pm if your child will not be picked up by our bus that day.
14. We will call a parent to pick up any child who has a fever, rash, vomiting, or diarrhea. This child will be placed in the isolation room until the parent arrives. Please do not bring your child the CDC if they have any of these symptoms. **Your child must have been without fever or symptoms at least 24 hours before they can return to school.**
 15. All medication must come in a baggie, clearly labeled with the type of medication and the instructions for administration. A form for this purpose is available in the office and must be signed by the parent.
 16. In the event that a child is injured and needs medical attention, we will call a parent or emergency contact person. If we are unable to reach either of the above, the undersigned authorizes the Rehoboth Baptist CDC to seek medical attention for the child. In the event that the undersigned does not authorize this, a signed statement of instruction is required.
 17. An accident policy is in effect for each child in the daycare. This policy covers the cost of treatment not covered by the parent's insurance. A parent should file a claim with his/her insurance company and notify the CDC of any costs not covered.
 18. The CDC will be closed on the following days: Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Friday after Thanksgiving. ***If a holiday falls in the weekend, the Friday before or the Monday after may be used as a day of observance.***
 19. Parents are encouraged to visit the CDC and are permitted access to all parts of the building.
 20. We are a Christian CDC, and as such, use NO CORPORAL PUNISHMENT. We do use positive motivation, redirection, "one on one" talks, and time out as some of our disciplinary methods.
 21. We prefer that children refrain from bringing toys and food from home except on special occasions such as show-and-tell and birthdays.
 22. Our CDC offers field trips throughout the year. Some are at no cost to the family. A permission slip is always required for children to participate. Parents are always encouraged to attend.
 23. We ask that **two weeks**' notice is given before withdrawing a child from our CDC program. In the event less notice is given, tuition will still be due for said week(s).

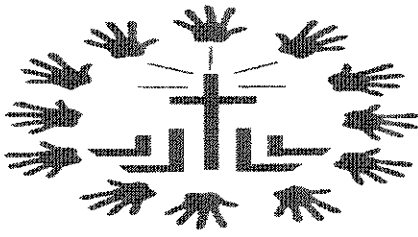
I have read the above agreement, policies, and regulations and agree to carry out the parent's responsibility fully.

Parent/Guardian Signature

Date

Director

Date



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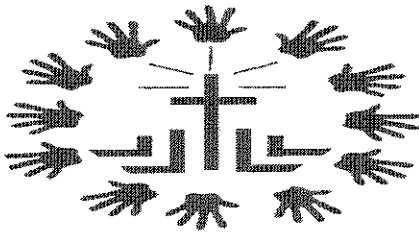
CONFIDENTIALITY STATEMENT

The Rehoboth Child Development Center wishes to protect its confidential information from unauthorized disclosure. Members of the Administrative Board may have access to confidential and proprietary information. It is the responsibility of the members of the Board to keep such information strictly confidential. Such information may include financial statements, information submitted to board meetings, information about members or perspective members, methods of operation, fees and charges, dealing with agencies, personnel affairs, marketing decisions, business strategies and plans, special events, and any other information pertaining to the business and affairs of the Child Development Center.

Members of the Board, staff, and faculty shall not publish, distribute, communicate, disclose, or divulge information of a confidential nature during their term of service on or afterwards, except as may be contemplated in connection with their usual Board service and activities (such as when contacting members, planning special events, meeting with consultants, and other routine Board activities) or as may generally be approved by the Board Advisory.

Parent Signature

Date



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Policy for Medical Authorization and Emergency

In the event a child is seriously injured or becomes ill, necessary first –aid is applied by the responsible staff member. Another staff member, who is not attending to the child is responsible for explaining the injury or illness to the other children and then diverts them to their normal activities.

After applying the first aid, the teacher immediately reports the injury to the center director. If she is unavailable then lead teacher/supervisor is contacted.

The emergency authorization person shall be called if the parent is unreachable. If neither can be reached, the authorized medical personnel will be contacted for further instruction. Parents will be continued to be contacted until reached.

Should it be necessary, emergency services will called and the child will be taken to the hospital or emergency facility requested by the parent and accompanied by the director or co-director until a parent/guardian or emergency contact person arrives. In the event of a less serious injury or illness, the child will be transported to the hospital or emergency facility by the director or co-director.

A written report (incident report) is made out immediately by the teacher with a copy signed by the director and placed into the child's file.

The Director is responsible for follow-up with the family of the child who received medical attention. The child may NOT return to the center without a release to school from his/her physician.

When medical attention has been received, all information pertaining to the injury shall remain confidential and all inquiries must be directed to the center director. In the event that one child injures another, no names are to be used in explaining the injury to the parent.

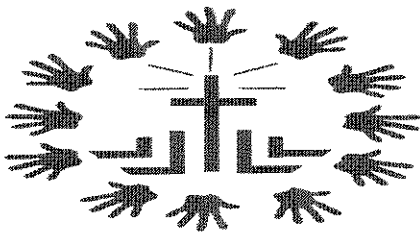
INCIDENT REPORT

It is the responsibility of the classroom or supervising teacher to see that a written notification known as an incident report is completed informing the parent(s) of the child's accident within 24 hours of incident.

I have read the medical policy, understand its contents, and agree with the policy for use with my child.

Parent's signature: _____ Date: _____

Director's signature: _____ Date: _____



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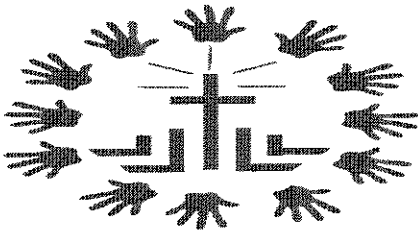
Annual Before/Afterschool Program Transportation Agreement

I, (name) _____, as the parent/guardian of

_____ (child's name) participating
in the Before/Afterschool Program, hereby grant permission for the Rehoboth
Baptist Child Development Center to transport my child(ren) to and from
school, field trips, or other center related activities. I have read, understood, and
agreed to the transportation policies and procedures.

Parent Signature

Date



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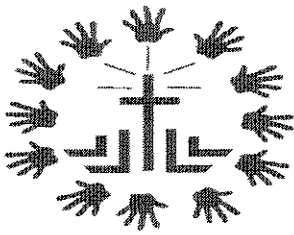
PHOTO RELEASE FORM

I, _____ the parent/guardian of
_____ hereby give Rehoboth Baptist Church
Child Development Center and their legal representatives and assigns, the
right and permission to publish, without charge, photographs taken during
the 2013-2014 school year at various events, activities, and programs.

I understand that these photographs may be used in publications, including
electronic publications, or in audiovisual presentations, promotional
literature, advertising, or in other similar ways.

Parent signature: _____ Date: _____

Disclaimer: Above information is held in confidence and is never released or sold.



REHOOTH BAPTIST CHURCH
 CHILD DEVELOPMENT CENTER
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Enroll. Date:	_____
Class:	_____
Reg. Fee:	_____
Referred By:	_____
Verified by	_____

Rebooth Baptist Child Development Center
Registration Form

CHILD'S NAME: _____ DOB: ____ / ____ / ____ AGE: _____

NICKNAME: _____ SS#: _____

CHILD'S HOME ADDRESS: _____

TELEPHONE _____

PARENTS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

MOTHER'S NAME: _____ SS# _____ DR#STATE _____

EMPLOYER: _____ BUS TEL: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

FATHER'S NAME: _____ SS# _____ DR#STATE _____

EMPLOYER: _____ BUS TEL: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

MEDICAL INSURANCE CO: _____ POLICY#: _____

IF EMERGENCY CARE IS NECESSARY, I GIVE YOU PERMISSION FOR ANY TREATMENT DEEMED NECESSARY BY A PHYSICIAN AND/OR HOSPITAL OF YOUR CHOICE _____ (HOSPITAL PREFERENCE)

Has your child been in daycare before? _____ Name of previous school _____

PARENTS' METHOD OF DISCIPLINE: _____

PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD WHICH WILL BE HELPFUL IN HIS EXPERIENCE IN SCHOOL AND GROUP PARTICIAPTION (PLAYING, EATING, SLEEPING HABITS, FEARS, LIKES, DISLIKES)

FOOD ALLERGIES/HEALTH CONCERNS: _____

PARENT AUTHORIZATION

IF ANYONE OTHER THAN ENROLLING PARENTS WILL BE PICKING UP YOUR CHILD, PLEASE NOTIFY US IN WRITING OR BY PHONE. (The person will be required to check in at the office, provide photo ID, family code word, and sign you child out)

IN THE EVENT OF AN EMERGENCY, IF NEITHER PARENT CAN BE REACHED, REHOOTH CHILD DEVELOPMENT CENTER MAY RELEASE MY CHILD TO:

NAME: _____ Phone# _____ LIC#/CODE _____

NAME: _____ Phone# _____ LIC#/CODE _____

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM SCHOOL, FIELD TRIPS, AND SWIMMING.
 I HEREBY RELEASE AND HOLD HARMLESS REHOOTH CDC AND ITS STAFF FROM ANY LOSS OR DAMAGE OF TOYS, CLOTHES, OR PERSONAL EFFECTS.
 I HEREBY WARRANT TO REHOOTH CDC THAT I AM ENLISTED TO LEGAL CUSTODY AND I AM FURTHER AUTHORIZED TO SIGN THIS ENROLLMENT FORM.

 PARENT OR GUARDIAN SIGNATURE

 DATE

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