

Rehoboth Baptist Church
Child Development Center
Enrollment Packet
2025-2026

Nurturing The



Physical, Academic, Social, & Spiritual

Suffer the little children and forbid them not to come
unto me. For of such is the kingdom of Heaven

Mark 10:14

4642 Hard Scrabble Road
Columbia, SC 29229
(803) 865-0076/ (803) 865-0240 fax



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

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 childcare 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:

Date of Birth: _____
Last First Middle Initial Nick Name
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



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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

DSS Form 2900 (MAR 10) Edition of OCT 07 is obsolete.

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:

Parent or Guardian

Date:

Signature:

Director/Operator/Staff Designee

Date:

DSS Form 2900 (MAR 10)



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Rehoboth Baptist Children Development Center Registration Form

Child's name: _____ DOB: ____/____/____ Age: _____

Nickname: _____ SSN: _____

Child's Home Address _____

Telephone: _____

Parent's Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Mother's name: _____ SSN: _____ DR#/State: _____

Email address: _____ Cell Phone: _____

Employer: _____ Work Number: _____

Father's name: _____ SSN: _____ DR#/State: _____

Email address: _____ Cell Phone: _____

Employer: _____ Work Number: _____

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? NO ____ YES ____

Name of previous school: _____

Parent's method of discipline: _____

Please give any information concerning your child which will be helpful in his/her experience in school and group participation (playing, Eating, Sleeping Habits, Fears, Likes, Dislikes) _____

Food Allergies/ Health Concerns: _____

Treatment/ Medications: _____



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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 id, family code word, and sign your child in child out)

In the event of an emergency, if neither parent can be reached, Rehoboth Child Development Center may release your child to:

1. Name: _____ Relationship: _____

Phone number: _____ Code word: _____

2. Name: _____ Relationship: _____

Phone number: _____ Code word: _____

3. Name: _____ Relationship: _____

Phone number: _____ Code word: _____

4. Name: _____ Relationship: _____

Phone number: _____ Code word: _____

____ 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 Rehoboth CDC and its staff from any loss or damage of toys, clothes, or personal effects.

____ I hereby warrant to Rehoboth CDC that I am enlisted to legal custody, and I am further authorize to sign this enrollment form.

Parent Signature

Date



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ANNUAL STATEMENT OF UNDERSTANDING AND AGREEMENT WITH THE OPERATION OF THE REHOBOTH CDC FACILITY 2025-2026

I, _____, as parent/guardian _____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 carefree 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 parents 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. The 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 Parent Handbook contains updated material on 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 children, as well as those issues for the successful operation of the CDC.

Parent/Staff Signature

Date



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HOURS OF OPERATION

Hours of Operation 6:30am-6:00pm

TUITION AND FEES

****ALL monies are payable by check, cashier's check, money order, Debit/Credit Card, or ACH (Preferred method) ****

*****Those families utilizing ABC Vouchers must pay registration. Full tuition must also be paid until verification from DSS is received. Child cannot start until tuition is paid or DSS has validated enrollment. Once paperwork/payments are received from the State, the payee will be reimbursed for any payments made *****

REGISTRATION (Due July 1st annually)

Preschool Program	\$110.00
After/Before School Program	\$90.00

TUITION – PRESCHOOL PROGRAM*

Infants and Toddlers	\$165.00 per week
Two years	\$160.00 per week
Three-Four years	\$155.00 per week
Family Discount* (applies to each child after the first)	\$ 10.00 per week.

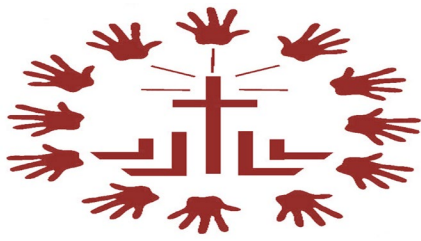
TUITION – AFTER SCHOOL PROGRAM

After School Only	\$ 90.00 per week
Before School Only	\$ 70.00 per week
Before AND After School	\$ 100.00 per week
Drop-In	\$ 50.00 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.
SPRING & WINTER BREAK	\$155.00 per week
Summer Camp	\$155.00 per week

We thank God for your continued support of this ministry!



PARENT POLICY

1. Hours of operation are from 6:30 am to 6:00pm, Monday to Friday. All children must be at the center NO LATER than 9:00 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 6:00 pm will be assessed and added to the weekly tuition for the following week. After 6:00 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 30 days prior to the start of the new school year. Separate registrations are 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 \$25 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. All payments made via Debit/Credit card in-person or online will incur an additional processing fee. We **highly advise parents** to set-up an ACH Authorization payment schedule to avoid any processing/late fees.
5. 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.
6. 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.
7. 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. In cases of non-custodial parents, Rehoboth CDC must have court documentation on file outlining custody arrangements. In the event of a non-custodial or unauthorized parent pick up, Rehoboth CDC will contact custodial parent immediately before releasing the child.
8. 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.
9. All infant baby food and bottles should be clearly marked with labels and dated. All bottles must have caps. This is essential for the health of our infants and a requirement of DSS.
10. Toddlers and Preschool age children are not permitted to have sippy cups in the CDC.
11. The CDC serves a nutritious breakfast, morning snack, lunch, and afternoon snack each day. The current menu is posted on the parent information board.
12. Children shall be toilet trained prior to entering the Three year-old class room. Please let us know how we can assist you in this matter.



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13. The CDC participates in provisional hiring of employees when necessary for staffing of the center.
14. 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.
15. 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.
16. 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 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.
17. 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 to 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.
18. 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.
19. In the event that a child is injured and needs medical attention, we will call a parent or emergency contact person and the child will be transported to the medical facility of their choice. 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.
20. 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.
21. 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.
22. Parents are encouraged to visit the CDC and are permitted access to all parts of the building.
23. 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.
24. We prefer that children refrain from bringing toys and food from home except on special occasions such as show-and-tell and birthdays.
25. 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.
26. 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).
27. I have read the above agreement, policies, and regulations and agree to carry out the parent's responsibility fully.

Parent/Guardian Signature

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/Guardian Signature

Date



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Policy for Medical Authorization and Emergency

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

After applying first aid, the teacher immediately reports the injury to the center director. If she is unavailable, then the 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 be 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 Preschool/ Child Development / Before/Afterschool/Summer Program Transportation Agreement

I, _____ the parent/guardian of _____

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 with the transportation policies and procedures.

Parent Signature

Date

Before and After Care only

Name of the Elementary School: _____



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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 2025-2026 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.



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PANDEMIC POLICY

Ensuring the health, safety and well-being of our children, families and team members remains our highest priority. We will follow the state Department of Health and closely monitor local, state, and national developments pertaining to any Pandemic/Coronavirus. We have updated our procedures and protocols to continue to keep everyone healthy and safe. We have Transition to Voluntary Masking.

Due to improving COVID-19 trends and updated guidance from our state licensing regulators, we are adjusting our masking and other related COVID-19 policies in an effort to return to normal operations, where possible.

Children, parents, and staff are no longer required to wear a mask inside our facilities. Masking is still recommended but is now voluntary.

Please note that should circumstances or recommendations change in the future, masking and other COVID-19 policies may be adjusted.

Here's what else you need to know:

- Temperatures will no longer be taken upon arrival. We will resume temperature checks for only those exhibiting signs of illness.
- Parents are allowed in the building.
 - o Staff will walk the children to the classroom upon arrival.
 - o Staff will walk the children to their parents during dismissal.
- To limit exposure, families are not permitted to enter classrooms just yet.
- We will no longer quarantine close contacts.
- Tested positive will have to quarantine for 5 days.
- If a teacher or student tests positive, we will notify the entire daycare of which classroom(s) has been affected.
- We would do our part with daily cleaning and washing hands.

Please continue to screen your child for symptoms of COVID-19 or any contagious illness, including fever (temperature 100.4 °F or higher), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, runny nose, diarrhea, nausea, or vomiting. Should your child exhibit any of the symptoms above, please keep your child at home and contact your health care provider.

Thank you in advance for your cooperation and partnership in our efforts to keep our children healthy and in attendance. If you have any questions, please contact the Director.

Parent/Guardian Signature

Date

Director

Date



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Rehoboth Child Development Center ACH Agreement

Authorization:

I (we) authorize Rehoboth Child Development Center to initiate debit entries to my (our) account indicated below at the depository financial institution named below. This authorization is for the payment of daycare tuition and any additional agreed-upon fees. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with U.S. law.

This authorization will remain in effect until I (we) notify Rehoboth Child Development Center in writing at least 10 business days prior to the next scheduled debit. I (we) understand that if the payment date falls on a weekend or holiday, the debit may be executed on the next business day.

Parent Information

Parent/Guardian Name: _____
Email Address: _____
Phone Number: _____

Child Information

Child(ren)'s Name(s): _____

Payment Details

Tuition Amount: \$_____ per ☐ week ☐ month applicable)

Start Date: _____

Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly

First Debit Date: _____

**(Minus any ABC/Subsidy payments made on the account)*

Bank Account Information:

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Signature:

Parent/Guardian Signature: _____ Date: _____

Daycare Representative Signature: _____ Date: _____



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PARENT VIDEO REQUEST

In South Carolina, daycare centers are not legally required to install video surveillance systems; however, those that choose to implement such systems must ensure confidentiality and protect the privacy of all children in their care. State regulations grant parents unrestricted access to their own children during operating hours without prior notice, if this access does not disrupt instructional activities or classroom routines.

Access to video recordings is governed by the Family Educational Rights and Privacy Act (FERPA), which permits parents to inspect and review videos directly related to their child. If the video also captures other children, the daycare must take measures to protect their privacy. This may involve obtaining consent from the parents of the other children or editing the footage to blur their identities.

In light of these requirements, we are dedicated to facilitating your request while adhering to privacy regulations. We will carefully review the specific footage you have requested and determine the appropriate actions to provide access in a manner that respects the privacy of all children involved. We will keep you informed throughout this process and appreciate your understanding and cooperation.

Parent/Guardian Signature

Date

Director

Date