

RIVER DEPOT REGISTRATION FORM

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: _____
Employed by: _____ Office Phone: _____
Work Address: _____ Work Hours: _____ Cell Phone: _____
Email: _____
Marital Status (optional): _____

Father/Guardian First Name: _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: _____
Employed by: _____ Office Phone: _____
Work Address: _____ Work Hours: _____ Cell Phone: _____
Email: _____
Marital Status (optional): _____

Schedule

Which days of the week do you expect your child(ren) to attend River Depot? _____

Child Information

1st Child First Name: _____ Last Name: _____
Name child prefers to be called: _____ School/Grade/Class: _____
Child's Address: _____
Gender: _____ Date of Birth: _____ Interests/hobbies: _____
List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

May we take and maintain a photo of your child for security purposes? (yes or no) _____

2nd Child First Name: _____ Last Name: _____
Name child prefers to be called: _____ School/Grade/Class: _____
Child's Address: _____
Gender: _____ Date of Birth: _____ Interests/hobbies: _____
List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

May we take and maintain a photo of your child for security purposes? (yes or no) _____

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3rd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ School/Grade/Class: _____

Child's Address: _____

Gender: _____ Date of Birth: _____ Interests/hobbies: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

May we take and maintain a photo of your child for security purposes? (yes or no) _____

4th Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ School/Grade/Class: _____

Child's Address: _____

Gender: _____ Date of Birth: _____ Interests/hobbies: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

May we take and maintain a photo of your child for security purposes? (yes or no) _____

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Not able to pick up the following children: _____

Is there anyone who is NOT allowed to pick up your children? If so, please explain. _____

Tuition | Payment Information

Annual Registration Fee: \$25 per family, due at time of registration

Current Tuition Amount: \$10 per child per day; payment due on Mondays for the previous week. Pay by check (to River Depot c/o River of Life Church) or online (www.riveroflifeag.org/riverdepot).

Please list who is responsible for payment of the registration fee and tuition. _____

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Scholarships

Our program is neither licensed nor supervised by the State of Minnesota (DHS); therefore, we cannot receive payments from the State of MN Child Care Assistance Program. However, scholarships are available. We want to help meet your needs for quality after school child care.

Please email contact@riverdepot.org for more information on scholarships.

Additional Comments & Information

Is there is any other information that would be helpful to our management and teaching staff?

**My signature below represents the registration of my child(ren) as well as grants my permission for my child(ren) to participate in any and all activities, unless otherwise noted in writing in the above "Additional Comments & Information" section. I understand that I will need to read and sign off on the policy and procedure handbook on or prior to September 4, 2018.

Signature

Parent/Guardian's Signature: _____ Date: _____

When you sign up for ROCORI School District bussing, please indicate that your child's drop-off location is River of Life Church, 22881 178th Ave, Cold Spring, MN 56320. Contact the bus company directly regarding changes in your child's bussing throughout the 2018-2019 school year.