

# RIVER DEPOT REGISTRATION FORM

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## 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): \_\_\_\_\_

## Child Information

**1st Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ 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: \_\_\_\_\_ 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) \_\_\_\_\_

**3rd Child** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Interests/hobbies: \_\_\_\_\_

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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: \_\_\_\_\_ 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 upcoming week. Pay by check (to River Depot c/o River of Life Church) or online ([www.riveroflifeag.org/riverdepot](http://www.riveroflifeag.org/riverdepot)).

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

### 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.

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Please email [riverdepot@riveroflifeag.org](mailto:riverdepot@riveroflifeag.org) for more information on scholarships.

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## **Additional Comments & Information**

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

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\*\*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: \_\_\_\_\_