

PELHAM ROAD BAPTIST CHURCH
Child Development Center
 1108 Pelham Road, Greenville, SC 29615
 (864) 288-7674

South Carolina Department of Social Services
Child Care Regulatory Services
 General Record and Statement of Child's Health for
 Admission to Child Care Facility

Registration 2011-2012

This form is to be completed for each child at the time of enrollment in the child care facility, updated annually thereafter, and maintained on file at the facility.

Please return all forms to the CDC office or return by email to susan@pelhamroad.org. The registration fee will be charged to your Tuition Express account. If you are new to the Center please bring your form and registration fee to the CDC office.

General Information:

Name of Facility	Pelham Road Baptist Church Child Development Center	County	Greenville
Address	1108 Pelham Road	Greenville, SC	29615

Child's Information: *Please circle preferred name*

Name		DOB	
Sex		Child lives with	
Enrollment Date			

Mother's Information:

Name		Driver's License#	
Street Address		City/Zip:	
Home Phone		Email	
Employer		Work Phone	
Mobile Phone			

Father's Information:

Name		Driver's License#	
Address		City/Zip:	
Home Phone		Email	
Employer		Work Phone	
Mobile Phone			

Release of Child:

You must have 2 individuals who have the authority to obtain emergency medical treatment for the child.

Name		Relationship to Child	
Home Phone		Work Phone	
Mobile Phone			
Name		Relationship to Child	
Home Phone		Work Phone	
Mobile Phone			

We give permission for the applicant to take part in all CDC activities, including sports and CDC sponsored trips away from the premises. (Children under the age of three (3) do not leave the center for field trips. You will always be notified of field trips involving three (3) and four (4) year olds and school age children.) This gives permission for our child to ride the bus for field trips and if in the After-school program, daily from their elementary school to Pelham Road Baptist Church. This also gives permission for my child to ride the bus in case of an evacuation from the Center.

We are aware of all scheduled holidays.

We give permission for our child(ren) to be photographed/videotaped for documentation and training purposes within the CDC and for church and CDC promotional purposes.

We understand every effort will be made to contact us in the event of illness or injury, however, should injury or illness occur while my child is in the care of Pelham Road Baptist Church Child Development Center, I give permission for the center to obtain necessary emergency medical treatment.

Signatures:

Mother		Date	
Father		Date	
Director/Operator/Staff Designee			

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Parent Contact Form for Teachers

Child's Information: *Please circle preferred name*

Name		DOB	
Sex		Child lives with	

In case of an illness, please contact:

Mother's Information:

Name	
Mobile Phone	
Work Phone	
Home Phone	
Email Address	

Father's Information:

Name	
Mobile Phone	
Work Phone	
Home Phone	
Email Address	

Release of Child:

You must have 2 individuals who have the authority to obtain emergency medical treatment for the child.

Name		Relationship to Child	
Home Phone		Work Phone	
Mobile Phone			

Name		Relationship to Child	
Home Phone		Work Phone	
Mobile Phone			

Medical History:

Condition	Yes/No	Explanation
Surgery		
Sudden High Fever		
Allergies		

Please explain any other illness not described above:

Medical Information:

Child's Name		DOB	
Doctor's Name		Practice Name	
Street Address		City, Zip	
Telephone		Preferred Hospital	
Dental Care Provider			
Street Address		City, Zip	
Telephone			

Insurance Information:

Company	
Subscriber ID	
Group #	

Parent/Guardian		Date	
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