



Registration Form 2025-2026

Please Print or Type All Information

Please return all forms to the CDC office or return by email to director@pelhamroad.org. The \$150 non-refundable registration fee is due at this time for the 2025-2026 school year to guarantee your child's spot. If you are paying by cash or check, please turn in payment AND your registration form at the same time. All cash/check payments are to be placed in the blue tuition box located in the CDC office. IF you are paying by Tuition Express draft, payment will be drafted when your registration form is submitted to the CDC office.

Child's Information:			
Name: F, M, Last: Please circle preferred name	Sex:	Date of Birth:	4 Digit Code for Security Doors Provided by Family:
Child Lives With:	Intended Enrollment Date		
Parents/ Guardian Are Current Members of Pelham Road Baptist Church: YES NO			
Previous Centers, Mother's Morning Outs, or Home Care Child Has Attended and For How Long			
Parent/Guardian Information:			
Name:	SC Driver's License Number	Code Word Required by DSS	
Street Address:	City/Zip:		
Email Address:	Employer:		
Home Phone Number:	Work Phone Number:		
Cell Number:			
Parent/Guardian Information:			
Name:	SC Driver's License Number	Code Word required by DSS	
Street Address:	City/Zip:		
Email Address:	Employer:		
Home Phone Number:	Work Phone Number:		
Cell Number:			
Medical Authority and Pick Up Release of Child: Must have at least 2 individuals who have the authority to decide emergency treatment for the child. These can also be the ones allowed to pick up your child. If you need more space, use the back of this form. Include name, phone number, and relationship of person to your child.	Phone #	Relationship to Child	
Name:			
Name:			

Staff initial _____ Date _____

Child's name _____

Birth date _____

**Prior to enrollment, I must provide the center with an updated paper copy of the DHEC Immunization form. (No religious exemptions) This information to be information is to be kept up to date with state childcare regulations.*

Medical History: Has your child had any of the following? If yes, please explain	YES	NO	EXPLANATION
Premature Birth			
Surgery			
Serious/Chronic Illness			
Asthma			
Respiratory Infections			
Sudden High Fever			
Physical Restrictions			
Allergies			

Please explain any other illness/special medical conditions not described above or any medication needed daily:

Medical Information: *If you do not have a dentist, please put NA.

Child's Name	Date of Birth
Doctor's Name	Practice Name
Street Address	City/Zip
Office Phone Number	Preferred Hospital
Dentist's Name	Practice Name
Street Address	City/Zip
Office Phone Number	

Insurance Information:

Company Name	Subscriber ID
Insurance Company Phone Number	Group #

Staff initial _____ Date _____

PARENT/GUARDIAN CONTRACT 2025-2026

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 childcare program at Pelham Road Baptist Church Child Development Center.

We understand that this Child Development Center is directly related to Pelham Road Baptist Church and upholds the same standards and principles.

We have read the *CDC Parent Handbook* and agree to comply with the policies and procedures specified in this document, including tuition and activity fees; all families pay using Tuition Express; there is a two week withdrawal notice; when inclement weather occurs notification will be made by the Tadpoles App to each family; and **discipline as the CDC will use redirection and give the child methods and language to solve their own problems. Corporal punishment and time out are never used by teachers or parents/guardians while at the CDC.**

We give permission for the child listed to participate in supervised walking excursion near and around the center. This may include stroller/buggy rides, wagon rides, big field visits, picnic tables, and blanket time under the trees.

We give permission for the child listed 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 on CDC buses for field trips. You will always be notified of field trips involving three (3) and four (4) year olds. We give permission for our child to ride the bus for field trips to and from Pelham Road Baptist Church Child Development Center. We also give permission for our child to ride the bus in case of an evacuation from the Center.

We are aware of all scheduled holidays as listed in the *Parent Handbook* and that there is no prorating of tuition for holidays, inclement weather, withdrawal, or illness.

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 or social media.

We understand every effort will be made to contact us or our designated persons listed on the registration form, 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, we give permission for the center to obtain necessary emergency medical treatment.

I certify that I have read, understand, and accept all the terms and conditions described in this Registration Form.

Please check how the \$150 non-refundable Registration fee will be paid: Cash Check Tuition Express

Signatures: Both Parents/Guardians Must Sign if Child Lives with Both Parents

Guardian A		Date	
Guardian B		Date	
Director/Operator/Staff Designee			

Staff initial _____ Date _____

THIS PAGE IS INTENTIONALLY BLANK
Please scroll down to fill out the next form.

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: Pelham Road Child Development Center County: Greenville

Address: 1108 Pelham Road Greenville, SC 29615
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

Pelham Road Child Development Center

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee