

Riverside Educational Development Center

Supply List

Label Everything with First and Last Name

Pre-School:

Immunization Record

Copy of Insurance Card and Photo ID

One Change of Clothes

Mat and Blanket

\$35.00 Supply Fee (January and July)

\$50.00 for all other Supplies

**Riverside Educational Development Center
Supply List
Label Everything with First and Last Name**

6 Weeks to 24 Months

1. Immunization Record
2. Copy of Insurance Card
And Photo ID
3. Baby Food (Unopened)
4. Pre-Made Bottles
5. Diapers for Month
6. Diaper Rash Ointment
7. Baby Wipes
8. Pain Reliever
9. Digital Thermometer
10. Two Changes of Clothes
11. Nasal Aspirator
12. Mat & Blanket (over 12 months of age)

25 Months to 48 Months

1. Immunization Record
2. Copy of Insurance Card
And Photo ID
3. Mat & Blanket
4. Diapers (Pullups or
Underpants Depending
on Training)
5. Diaper Rash Ointment
6. Baby Wipes
7. Two Changes of Clothes
8. \$35.00 Supply Fee
(January and July)
9. Large Ziploc Bags

Aftercare

1. Immunization Record
2. Copy of Insurance Card And Photo ID
3. 2 Boxes of Kleenex
4. \$35.00 Supply Fee (January and July)
5. 2 Rolls of Paper Towels

Student Master Card

Child's Name: _____ Sex: _____ Birth date: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Email Address		

Person with whom the child lives: _____
 Child's Doctor: _____ Doctor's Phone #: _____
 Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of emergency:

	Phone #: _____
	Phone #: _____
	Phone #: _____
	Phone #: _____

Does your child have any food allergies? Yes No
 Does your child have any other allergies? Yes No
 Does your child have any dietary restrictions? Yes No
 Please explain any "yes" answer here: _____

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.
 (Please notify these individuals that they may be asked to show proof of identity)

Name	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Date of admission: _____

Riverside Educational Development Center

Authorization for the Application of Topical Products

Child/Children's Name: _____

I hereby give permission for Riverside Educational Development Center staff to apply the following topical products to my child whether center provided or parent provided:

Yes No

Sunscreen

Insect Repellant

Diaper Rash Ointment

Germ-X or similar antibacterial hand sanitizer

Solarcaine Spray (first aid treatment)

Other _____

This authorization shall remain in effect for the term that the child attends Riverside Educational Development Center.

If Your Child Runs Fever:

If your child runs fever of or higher than 100.5 degrees, Riverside Educational Development Center staff has your permission to give your child one dose of fever reliever that you brought in the event we are unable to contact you. This is to prevent higher temperatures and pain. Please be sure that the fever reducer/pain reliever indicated on your supply list is at the center.

_____ Yes, you have my permission in the event that you cannot contact me.

_____ No, you do not have my permission in the event that you cannot contact me.

Parent or Responsible Party Signature: _____

Parent or Responsible Party Printed Name: _____

Date: _____

Riverside Educational Development Releases

Bottle Release (for child older than infant stage):

I give permission for my child, _____, to hold his/her bottle while in the crib, on a mat, etc.

Signature

Printed Name

Medical Release:

I, _____, hereby authorize any medical or surgical treatment which may be necessary in an emergency and in my absence, for the well being of child/children _____.

Signature

Printed Name

I understand that the policy and procedure of Riverside Educational Development is to call 911 STATE emergency first before contacting a parent. Once 911 state emergency service have been called, the parent will be contacted and informed of the emergency.

Signature

Printed Name

ER Evacuation for Riverside:

In case of an emergency, I am away that my child/children will be evacuated by staff automobiles or any means available to: in the New Roads center to Scott Civic Center

Signature

Printed Name

Photography Release (please choose one):

I give Riverside Educational Development Center the permission to use photos of my child for marketing purposes such as: brochures, flyers, Facebook, Website, bill boards, and ads for newspapers .

I do not object to my child/children's photo being displayed at the center.

Signature

Printed Name

No, I do not want my child/children's photos used for marketing or photos to be displayed at the center

Signature

Printed Name

I give Riverside Educational Development Center the permission to post my Child on Riverside Facebook and the Riverside Parents Facebook and website.

Signature

Printed Name

I have been provide with a pre-enrollment visit of the Center and was given a tour of the Center.

Signature

Printed Name

I was given a list of community resources in my handbook.

Signature

Printed Name

When your child is over 5 years old they are allowed to view "PG" movies

Signature

Printed Name

I understand these policies are in the hall at Riverside:

Child Abuse and Neglect Policy, Non-discrimination Policy, Admissions Policy, Disclosure of Information Policy, Complaint Policy, Parental Access Policy, Parental Involvement Policy, Behavior Management, Policy Electronic Devices Policy

Signature

Printed Name

Financial Agreement : For Riverside Educational Development Center

Parents Name: _____

Number of Children Enrolling: _____

Children's names: _____, Age _____ Progam _____

Children's names: _____, Age _____ Progam _____

Children's names: _____, Age _____ Progam _____

I agree to pay yearly, (November) non-refundable **Registration fee** of \$100 for full time _____ Paid

Registration Fee: \$80.00 for part-time or after care, Yearly (November). _____ Paid

Supply Fee: \$35.00 _____ Paid **Cot Fee:** 30.00 _____ Paid **Camera Fee:** \$50.00 _____ Paid

Total _____

Please initial each of the following:

_____ I agree to pay a weekly rate of: _____ per child, by check , cash or credit card.

_____ I agree to pay a Supply Fee January and July \$35.00

_____ I understand my payment is due every Friday, for the next week of care.

_____ I have placed a credit card on file and I understand if I did not pay Friday, then on Tuesday my credit card will be run that is on file, with a charge of \$10.00 per day until such payment is received.

_____ I give Riverside to run my credit card every Friday for the amount of: _____

_____ I hereby agree that by signing this Financial Agreement, that I am in contract with Riverside Educational Development Center for their services and I must give two week notice in writing, prior to removing my child from the center. If notice is not given, I am responsible for the two week tuition.

_____ I agree to still pay tuition, even if my child is absent. No exception, unless you have credits.

_____ I have been given admission packet with all information.

_____ I hereby agree that the center closes at 6:00 p.m. and my child must be picked up before or at that time, If picked up late, I agree to pay the charge of \$1.00 per minute for each minute I am late per child.

_____ I agree to have my child there no later than 9:00 a.m. unless I have a doctor excuse or cleared it with the director.

_____ I agree to pay \$45.00 per NSF checks. After 2 NSF checks, must use credit card, cash or money order.

_____ If collection action is taken on my account, I understand I will be responsible for the cost and the additional fees such as but not limited to, court, attorney or collection services.

_____ I certify that I have read, understand and agree to the financial terms and conditions of Riverside Educational Development Center:

Please Print Name: _____

Date: _____

Parent/ Responsible Party

Riverside/ Owner

Riverside Educational Development Nursing Station Form

Child's Name: _____

Emergency Contacts:

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Any Medical Conditions:

Yes No

() ()

If you answered yes, please list the medical conditions below:

Food Allergies (if any post in the KITCHEN too):

Yes No

() ()

If you answered yes, please list the food allergies below:

Any prescription or over the counter drugs taken daily:

Yes No

() ()

If you answered yes, please list the medications below:
