

# Rawlinson Road Baptist Day School

1024 Rawlinson Road  
Rock Hill, SC 29732  
803-324-7530 x23

[jamie@rrbc.org](mailto:jamie@rrbc.org)  
[www.rrdayschool.org](http://www.rrdayschool.org)  
[www.rrbc.org](http://www.rrbc.org)  
803-325-RRDS (7737)

## 2024/2025 DAY SCHOOL REGISTRATION FORM

Child's Full Name (List Each Child)	Gender (M / F)	Name Called	Circle Days Attending	Birthday	Age as of 9/1/24
			M T W TH		
			M T W TH		
			M T W TH		
Father/Guardian Name		Father/Guardian Work Phone		Father/Guardian Cell Phone	
Mother/Guardian Name (If Different)		Mother/Guardian Work Phone		Mother/Guardian Cell Phone	
Mailing/Street Address		City		State	Zip
Alternate Phone Number(s)		Email Address (For Important Messages)			
Emergency Contact Name (other than parent)		Emergency Contact Phone		Relationship to Child	
Persons Authorized to Pick up Child (other than parent)		Phone		Relationship to Child	
Insurance Provider		Policy Number		Name of Policy Holder	

**TO BE COMPLETED BY RRDS PERSONNEL ONLY**

Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

Registration Fee Payment Must Be Received With Registration Form  
To Reserve Your Child's Spot for **RRDS 2024/2025**

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## 2024/2025 HEALTH STATEMENT

Name of Child: \_\_\_\_\_ Date \_\_\_\_\_

Is there any reason this child cannot participate in normal activities? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs, fears, problems or quirks we should know about? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any health conditions or special needs that should be known by program personnel? (chronic illness, food allergy, speech delay, developmental delay, eye weakness or hearing loss) If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have a pacifier or other security item? \_\_\_\_\_

If applicable, is your child potty trained or learning? \_\_\_\_\_

Any known allergies or sensitivities for food or environment? If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the child require an Epipen? YES NO

Physician or Health Resource: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications this child may take on a regular basis.

\_\_\_\_\_  
\_\_\_\_\_

Certificate of Immunization YES \_\_\_\_\_ NO \_\_\_\_\_ NA please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## PARENT INFORMATION

- May we include your home phone number, address and email in our family directory? Yes \_\_\_\_\_ No \_\_\_\_\_
- RRDS relies largely on parents to substitute when a teacher is absent. Tuition credit of \$20 per day is given for each day you work as a substitute. Are you interested in working as a substitute in case a teacher or assistant is absent? A background check and application is required. Yes \_\_\_\_\_ No \_\_\_\_\_

- How did you hear about our program?

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- Religious affiliation

\_\_\_\_\_ Rawlinson Road Baptist member/prospect

\_\_\_\_\_ Attending \_\_\_\_\_

\_\_\_\_\_ Not attending any local church at this time

\_\_\_\_\_ Interested in information about RRBC

- Any concerns or comments:

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## 2024/2025 PARENTAL CONSENT FORM

### Parental Authorization:

I hereby request that my child be enrolled in Rawlinson Road Day School. I understand and I am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to the program:

- I indemnify and hold harmless Rawlinson Road Baptist Church and Rawlinson Road Day School, and/or its staff and volunteers from any and all liability, claims, damage, injury or illness sustained by my child. INITIAL\_\_\_\_\_
- I grant permission for Rawlinson Road Day School to provide or obtain medical attention for my child in the event of sickness or injury. Should my child require medical treatment, prescriptions, or hospital care while enrolled, I will bear the expense. INITIAL\_\_\_\_\_
- I agree that RRDS may photograph, audiotape and/or videotape my child during regularly scheduled activities for use in promotional materials. Additionally, the above mentioned photo, video and/or audio may appear on social media, internet and/or educational DVD/CD. INITIAL\_\_\_\_\_
- I grant permission to apply a sunscreen product of SPF 35 or higher to my child while in attendance during the regular school day. INITIAL\_\_\_\_\_
- I grant permission to apply insect repellent to my child while in attendance during the regular school day. INITIAL\_\_\_\_\_

Admission to the program carries many privileges and responsibilities. We expect children to participate in the total life of the program and to co-exist in a cooperative spirit. In addition, should a behavior or discipline problem affect our work with other children, or their enjoyment of the program, we reserve the right to dismiss those children responsible without a refund.

<b>Your signature signifies understanding and acceptance of the RRDS policies.</b>	
Parent/Guardian Signature:	Date:

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## 2024/2025 FEES & PAYMENTS POLICY

### \* Authorized Payment Collection

**Teachers are not authorized to accept payments.** Payments must be given directly to the Day School Director, paid online or mailed to RRDS. **Mailed and online payments MUST be received by payment due date.** *Parents or guardians are responsible for ensuring the payment is received, not the child; please drop the payment at the Day School Office by the stated deadline.* Please use the provided payment envelopes.

Online payments: <https://app.easytithes.com/App/Form/ab46187f-fa94-4993-9725-4399fbc9265>. There is a 3% processing fee added to this form of payment.

### \* Payment Deadline –1st of each calendar month September - May

The payment deadline applies to ALL methods of payment.

### \* Late Payment Fee Assessment

A Late Payment fee of \$30.00 per week will be assessed, if payment is not received by stated deadline. In addition, if the payment is not received within seven days of due date, your child will not be allowed to continue attending until all funds are received.

### \* Returned Check Policy:

All returned checks will force us to assess a fee of \$30.00 – plus any other applicable bank charges. If a check is returned for insufficient funds, all future payments must be made in cash or by money order for the remainder of the program year. The payment amount of the insufficient check must also be made in cash or by money order.

### \* How to Write Your Check

Checks should be made out to RRDS. Please write in the memo line of your check: **(1)** the names of your child or children and **(2)** the period the check covers.

### \*Late Pick Up Fees

Late pick up fees begin at 12:05 at the rate of \$1 per minute.

### \* Your Feedback Is Important

**Please feel free to contact the Day School Director with any comments, suggestions or questions you may have at [jamie@rrbc.org](mailto:jamie@rrbc.org).**

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## 2024/2025 FEE SCHEDULE (PER CHILD)

Registration & Materials Fee<sup>(3)</sup> \$125.00 per child

4 Day Week Rate: <sup>(2)</sup> \$210.00 month

3 Day Week Rate: <sup>(1)(2)</sup> \$190.00 month

2 Day Week Rate: <sup>(1)(2)</sup> \$170.00 month

Family Discount: 10%  
(Each Additional Child)

<sup>(1)</sup> Days of attendance should be consistent each week

<sup>(2)</sup> Tuition is paid monthly on the 1<sup>st</sup> of each month

<sup>(3)</sup> Registration fee is non-refundable

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