

RHEMA CHILD DEVELOPMENT CENTER  
1025 West Kenosha  
Broken Arrow, OK 74012

Dear Parents,

We appreciate your interest in Rhema Child Development Center. We are so excited to have you and your child become a part of our family. To help us better serve you and your child in the soon coming school year, we would like you to fill out the information in this packet and return it as soon as possible.

Rhema Child Development Center believes that the first step in learning is developing a healthy self-concept in each child. We want each child to know that he or she is a worthwhile and valuable person in the world and in the eyes of God.

As a parent, you have entrusted into our care your most valued treasure, your child. Therefore, our main goal is to serve you and your child with a spirit of excellence. We believe that our programs will help your child to develop academically, emotionally, socially, and spiritually.

My staff and I are equally committed to the safety and well-being of each child here at Rhema Child Development Center.

If I can be of service to you, please contact me at (918)258-0594 or stop by the office.

Sincerely,

Mrs. Alisha Damron  
RCDC Manager/Director

# Family Registration Form

## Parent/Guardian Information

Registration Date \_\_\_\_\_

**Mother/Guardian**

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> Set \_\_\_\_\_ - 2<sup>nd</sup> Set \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (if married, mark both parents)

**Father/Guardian**

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred PIN number for checking in/out (4 digits, numbers only) 1<sup>st</sup> Set \_\_\_\_\_ - 2<sup>nd</sup> Set \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Custodial Parent (if married, mark both parents)

### OFFICE ONLY:

Date Received: \_\_\_\_\_ Payment:  Check # \_\_\_\_\_  Cash \_\_\_\_\_

Waitlist Time Told: \_\_\_\_\_

Notes: \_\_\_\_\_

# Family Registration Form

## Child Information

1 <sup>st</sup> Child
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 First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female      Date of Birth: \_\_\_\_\_      Nickname: \_\_\_\_\_

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

List any existing medical conditions, medication and/or special attention your child may require:

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

Has your child been enrolled in any other childcare facility (Center or home) in the last three years? [ ]

Yes [ ] No

Please list the childcare facilities your child has been enrolled in: \_\_\_\_\_

\_\_\_\_\_

Would these facilities re-enroll your child? [ ] Yes [ ] No

Has your child been dismissed from any childcare facility? [ ] Yes (please explain) [ ] No

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

Allergies: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

# Family Registration Form

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2 <sup>nd</sup> Child
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 First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

List any existing medical conditions, medication and/or special attention your child may require:

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

Has your child been enrolled in any other childcare facility (Center or home) in the last three years? [ ]

Yes [ ] No

Please list the childcare facilities your child has been enrolled in: \_\_\_\_\_

\_\_\_\_\_

Would these facilities re-enroll your child? [ ] Yes [ ] No

Has your child been dismissed from any childcare facility? [ ] Yes (please explain) [ ] No

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Child Information (continued)**

3 <sup>rd</sup> Child
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 First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female      Date of Birth: \_\_\_\_\_      Nickname: \_\_\_\_\_

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

List any existing medical conditions, medication and/or special attention your child may require:

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

Has your child been enrolled in any other childcare facility (Center or home) in the last three years? [ ]

Yes [ ] No

Please list the childcare facilities your child has been enrolled in: \_\_\_\_\_

\_\_\_\_\_

Would these facilities re-enroll your child? [ ] Yes [ ] No

Has your child been dismissed from any childcare facility? [ ] Yes (please explain) [ ] No

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

Allergies: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

# Family Registration Form

4 <sup>th</sup> Child
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 First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

List any existing medical conditions, medication and/or special attention your child may require:

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

Has your child been enrolled in any other childcare facility (Center or home) in the last three years? [ ]

Yes [ ] No

Please list the childcare facilities your child has been enrolled in: \_\_\_\_\_

\_\_\_\_\_

Would these facilities re-enroll your child? [ ] Yes [ ] No

Has your child been dismissed from any childcare facility? [ ] Yes (please explain) [ ] No

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Emergency Contacts & Authorized Pickup Persons**

**1<sup>st</sup>Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PIN for check in/out: 1<sup>st</sup> Set \_\_\_\_\_ 2<sup>nd</sup> Set \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**2<sup>nd</sup>Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PIN for check in/out: 1<sup>st</sup> Set \_\_\_\_\_ 2<sup>nd</sup> Set \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**3<sup>rd</sup>Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PIN for check in/out: 1<sup>st</sup> Set \_\_\_\_\_ 2<sup>nd</sup> Set \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**4<sup>th</sup>Contact/Pickup** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PIN for check in/out: 1<sup>st</sup> Set \_\_\_\_\_ 2<sup>nd</sup> Set \_\_\_\_\_

Able to pick up all the children in the family

Not able to pick up the following children \_\_\_\_\_

**Tuition/Payment Information:**

Whole Tuition Amount: \$ \_\_\_\_\_  Monthly or Half Tuition Amount: \$ \_\_\_\_\_  Twice Monthly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

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

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_