

## RiverTree Christian School 2010/2011 Financial Policies

If your child attends public or private school in a district other than Jackson Local, please provide RiverTree Finance Office with a schedule of the days they will attend our program.

### **PAYMENT DUE**

Childcare payments are due the first days your child attends each week.

Early Education (9:00am-11:30am), payments are due the first day your child attends each month, September-May.

RiverTree Kindergarten (8:00am – 3:00pm), payments are due the first day your child attends each month, September-May.

### **VACATION CREDIT**

Vacations must be taken consecutively in one-week increments.

Childcare children attending the entire nine-month school year and/or the entire three-month summer program are entitled to one-week vacation credit. If you request vacation credit on your account and withdraw before the end of the school year or summer program, the credit will be removed and one week tuition rate will be added onto your account. You must complete a "Vacation Request" form to receive credit. Vacation credit does not carry over. No other credit is given for vacations.

### **SICK CREDIT**

Childcare children attending the entire nine month school year are entitled to three days of sick credit. Sick credit will be given for the following situations: Hospital stays, Surgeries/Recoveries, **Communicable Diseases** (must be supported with a signed note from the physician) – Chickenpox, Common Cold, Conjunctivitis, Croup, Diarrhea, Fifth Disease, Flu, German Measles, Hand/Foot & Mouth, Head Lice, Hepatitis A, Hepatitis B, Herpes, Impetigo, Measles, Meningitis, Mononucleosis, Mumps, Pinworms, Ringworm, Scabies, Scarlet Fever/Strep, Thrush, Tuberculosis, and Whooping Cough.

### **SPRING BREAK**

March 28, 2011 – April 1, 2011 – We are open for childcare only during Spring Break.

### **CLOSED CHRISTMAS BREAK**

December 23, 2010 – January 3, 2011. We are completely closed. Childcare tuition rates will not be charged during this break. Early Education and Kindergarten tuition rates remain the same.

### **CLOSED THANKSGIVING BREAK**

November 25-26, 2010. We are completely closed Thanksgiving Day, November 25 and Friday, November 26. Your account will be charged your contracted amount.

**NON-PUBLIC DAYS** – Days public school is closed for teacher in-service, holidays, Spring Break, etc.

**SNOW DAYS** – Days public and/or other private schools we serve close due to weather or calamity situations.

If you register your K-14 year old child for these days, your account will be charged whether or not your child attends. You must register for all or none. Only one change is permitted each year.

**DAYS RIVERTREE IS COMPLETELY CLOSED** - Good Friday, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving and the Friday after, Christmas Break, December 23, 2010 – January 3, 2011.

**TUITION DECREASE FEE** - If you make changes for the upcoming school year after June 1, a \$25.00 fee will be assessed to your account if the change causes the tuition amount to decrease. This does not apply to children being withdrawn.

**REGISTRATION FEE** - The registration fee is not refundable.

**LATE FEE** - A late fee of \$8.00 will be charged to your account if your Early Ed only child is picked up after 11:30am plus an additional \$3.00 every quarter thereafter. A late fee of \$2.00 per minute will be charged to your account if your childcare or school aged child is picked up after 6:00pm.

**PAYMENT METHODS** - You may pay your tuition through online banking, credit card, debit card, cash or by check made payable to: RiverTree Christian School. Please write your child's name in the memo portion of all checks.

**RiverTree Christian School Rates**  
**Effective June, 2010**  
**Summer Program Begins June 7, 2010**  
**1<sup>st</sup> Day of School August 30, 2010**

Toddler 18m-36m 6:30am-6pm	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
2 day	\$80 wk	\$80 wk	\$80 wk
3 day	\$120 wk	\$120 wk	\$120 wk
4 day	\$160 wk	\$160 wk	\$160 wk
5 day	\$165 wk	\$165 wk	\$165 wk
<b>Early Education 9am-11:30am</b>			
T/TH	\$119 month	\$108 month	\$102 month
M/W/F	\$137 month	\$131 month	\$126 month
M-F	\$194 month	\$192 month	\$190 month
<b>Childcare - First Step Class thru 14 years</b>			
2 day	\$60 wk	\$56 wk	\$52
3 day	\$90 wk	\$84 wk	\$78
4 day	\$120 wk	\$112 wk	\$104 wk
5 day	\$129 wk	\$118 wk	\$107 wk
<b>RTCS Kindergarten 8am-12pm or until 3pm M-F</b>			
	\$290 month	\$290 month	\$290 month
<b>Childcare Before RTCS Kindergarten</b>			
2 day	\$8 wk	\$8 wk	\$8 wk
3 day	\$12 wk	\$12 wk	\$12 wk
4 day	\$16 wk	\$16 wk	\$16 wk
5 day	\$20 wk	\$20 wk	\$20 wk
<b>Childcare After RTCS Kindergarten</b>			
2 day	\$24 wk	\$22 wk	\$20 wk
3 day	\$36 wk	\$33 wk	\$30 wk
4 day	\$48 wk	\$44 wk	\$40 wk
5 day	\$60 wk	\$55 wk	\$50 wk
<b>Latchkey Childcare Before School K-14 years</b>			
2 day	\$16 wk	\$16 wk	\$16 wk
3 day	\$24 wk	\$24 wk	\$24 wk
4 day	\$32 wk	\$32 wk	\$32 wk
5 day	\$40 wk	\$40 wk	\$40 wk
<b>Latchkey Childcare After School K-14 years</b>			
2 day	\$24 wk	\$22 wk	\$20 wk
3 day	\$36 wk	\$33 wk	\$30 wk
4 day	\$48 wk	\$44 wk	\$40 wk
5 day	\$60 wk	\$55 wk	\$50 wk
<b>Latchkey In-Service, Snow Day &amp; Holiday Care</b>	\$30 day	\$28 day	\$26 day

**Toddler 1 ~ 18 – 24 months**  
**Toddler 2 ~ 25 – 36 months**  
**(Diapers & disposable pants permitted.)**

**First Step ~ 3-2-07 thru 2-24-0**  
 \$45.00 fee is due at registration.

**Level 1 ~ 3-2-07 thru 8-24-07**  
 \$45.00 fee is due at registration.

**Level 2 ~ 3-2-06 thru 3-1-07**  
 \$45.00 fee is due at registration.

**Level 3 ~ 3-2-05 thru 3-1-06**  
 \$65.00 fee is due at register.

**(Must be completely toilet trained)**

**RiverTree Kindergarten**  
 Child must be 5 by Sept.1  
 Registration fee \$100. A copy of child's  
 Birth certificate is required at the time of  
 registration.

**(Must be completely toilet trained)**

**Latchkey Childcare**  
 \$40 fee is due at the time you register.

We accept registration  
 payment by credit card, debit  
 card, check & cash.  
**Rates include snacks & lunch**

**Keep this page for your info.**

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
<b>Parent #1 /Guardian Name</b>			Relationship to Child		
Home Address					
City		State	Zip		
Home Telephone Number		Cell Phone			
Work Telephone Number		Employer			
Work Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
<b>Where can you be reached while your child is in this program?</b>					
<b>Parent #2 /Guardian Name</b>			Relationship to Child		
Home Address					
City		State	Zip		
Home Telephone Number		Cell Phone			
Work Telephone Number		Employer Name			
Work Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
<b>Where can you be reached while your child is in this program?</b>					
<p><b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b>. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.</p>					
Emergency Contact Name			Emergency Contact Name		
City	State		City	State	
Phone #	Relationship to Child		Phone #	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

**Child's Name**

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any **current** food, medication or environmental allergies?

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's **current** allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child?

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child **currently** have a special health or medical condition for which they are under a physician's care?

- No  
 Yes - please explain

Does the **current** special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours?

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child **currently** using any medication, food supplement or medical food (such as electrolyte solution)?

- No  
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child **currently** have a religious, cultural or medical dietary restriction that your child is under a physician's care for?

- No  
 Yes - please explain

If yes, does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

**Child's Name**

List any history of hospitalization, outpatient surgery, or previous health concerns **that would be needed to assist the staff or medical personnel in an emergency situation.**

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  No  
 RiverTree Toddler Center policy is to check diapers every three hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:  
 I agree with the program's policy  I do not agree, please check my child's diaper every \_\_\_\_ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Center or Type A Home Name  RiverTree Christian School			Center or Type A Home Name	
<b>Has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			<b>Does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
<b>Parent's Signature ↓</b>	<b>Date</b>		<b>Parent's Signature ↓</b>	<b>Date</b>

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

<b>Parent/Guardian Signature ↓</b>	<b>Date</b>
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**Signatures**

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.

<b>Parent/Guardian Signature ↓</b>		<b>Date</b>	
Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

## MEDIA RELEASE

On occasion, we publicize or promote our programs or accomplishments in a variety of media. In addition, there will be times when we photograph children during special events, parties and activities in our school. Often times these photographs will be published on RiverTree Christian School's website and/or RiverTree Christian School's Facebook page. In addition, on occasion, various new media may be asked to cover an event and it may be published in a local newspaper.

Yes  No I give consent for my child's photo to be taken and/or name to be published.

## EMAIL COMMUNICATION

We send out school wide emails to keep you informed. We use email as a main way to communicate important information and send out reminders to you. Please list names and email addresses where you would like to receive these notifications.

If you already receive our school wide email notifications you do not need to complete this section. PLEASE PRINT CLEARLY.

Email \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Name \_\_\_\_\_

## FAMILY DATA

Marital status of natural parents:  Married  Separated  Divorced  Remarried  Widowed  Single

Does your child spend time with both natural parents?  Yes  No

Are there court orders regarding this child?  Yes  No **If yes, please provide us with a copy of this court document.**

Who has legal custody of this child? \_\_\_\_\_  
(Do not list step-parent unless adopted) Name Relationship to Child

\_\_\_\_\_  
Name Relationship to Child

Does your child have any physical disabilities that would prevent him or her from participating in activities?  Yes  No

If yes, please explain:

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

Has your child had experience in a preschool or childcare environment?  Yes  No If yes, where? \_\_\_\_\_

Does your family attend a church on a regular basis?  Yes  No If yes, where? \_\_\_\_\_

	<u>Office Use</u>		
School Year	<input type="checkbox"/> Toddler	<input type="checkbox"/> EE	<input type="checkbox"/> SA
Summer	<input type="checkbox"/> Toddler	<input type="checkbox"/> EE	<input type="checkbox"/> SA

Child's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  Male  Female  
Last First Middle

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Number & Street

### CONTACT IN AN EMERGENCY & PICK-UP

In addition to parents and guardians, contacts you list below must be at least 18 years old, local and fully capable to take responsibility for your child in an emergency or if they become ill while at school. Contacts MUST BE THE SAME as those You listed on the "CHILD ENROLLMENT AND HEALTH INFORMATION" form. We will call until we verbally reach a contact.

Name on Photo ID	Relationship	# to call 1 <sup>st</sup>	# to call 2 <sup>nd</sup>	# to call 3 <sup>rd</sup>
Call 1 <sup>st</sup>				
Call 2 <sup>nd</sup>				
Call 3 <sup>rd</sup>				
Call 4 <sup>th</sup>				

### PICK-UP ONLY

List people NOT ALREADY LISTED ABOVE who RiverTree staff may release your child into their care.

Name	Name
Name	Name
Name	Name

Who has legal custody of this child?  Yes  No  
 (Do not list step-parent unless adopted)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Marital status of natural parents:  Married  Separated  Divorced  Remarried  Widowed  Single

Does your child spend time with both natural parents?  Yes  No

Are there court orders regarding this child?  Yes  No **If yes, please provide us with a copy of all court documents.**

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT**  
 For Child Care Centers and Type A Family Child Care Homes

Child's Name ( <i>print or type</i> )	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office had entered the child's immunization record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: \_\_\_\_\_

List any health limitations or health conditions for this child (including allergies, daily medications, and dietary restrictions)

\_\_\_\_\_

<b>Immunizations (<i>enter month, day, and year</i>)</b>					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Center for Disease Control and Prevention and the Ohio Department of Health.

**Recommended Assessments/Screenings:**

- |  |   |
|--|---|
| Vision: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ | Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ | Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____    |
| BMI: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____    | Other: _____  |

Signature of examining Physician/Physician's Assistant/Advanced Nurse Practitioner	Date of Examination-Valid for 13months
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**Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the childcare center or Type A Family Child Care Home.**

Name of Physician / Certified Nurse Practitioner	Telephone Number (    )
Street Address	
City, State and Zip Code	