

River Depot Registration Form

For Office Use:

Date Recvd: _____ Annual Fee Recvd: _____

Form reviewed by: _____ Signed Handbook Recvd: _____

Parent/Guardian Information

Mother/Guardian First Name _____ Last Name _____

Address _____

Cell Phone _____ Email _____

Employed by _____ Occupation _____ Work Phone _____

Work Address _____ Marital Status (Optional) _____

Father/Guardian First Name _____ Last Name _____

Address _____

Cell Phone _____ Email _____

Employed by _____ Occupation _____ Work Phone _____

Work Address _____ Marital Status (Optional) _____

Schedule – We have limited 1 day/week availability, please contact the Director at contact@riverdepot.org if looking for 1 day/week care.

☐ Before School Care ☐ After School Care ☐ Full Day Summer Care Approximate date you want to start _____

How many days do you expect your child/ren to attend each week? _____

Which days do you think they will be attending? _____

Child(ren's) Information

1st Child First Name _____ M.I. _____ Last Name _____

Name child prefers to be called _____ Grade _____ Gender: Male _____ Female _____ Birthdate _____

Child's Address _____

List any existing medical conditions, special needs/attention, or medication that your child has _____

Allergies _____

Photographs/Video May we take and maintain photographs of this child that might be used in social media for River Depot or River of Life or in advertising for River Depot? Yes _____ No _____

2nd Child First Name _____ M.I. _____ Last Name _____

Name child prefers to be called _____ Grade _____ Gender: Male _____ Female _____ Birthdate _____

Child's Address _____

List any existing medical conditions, special needs/attention, or medication that your child has _____

Allergies _____

Photographs/Video May we take and maintain photographs of this child that might be used in social media for River Depot or River of Life or in advertising for River Depot? Yes _____ No _____

3rd Child First Name _____ M.I. _____ Last Name _____

Name child prefers to be called _____ Grade _____ Gender: Male _____ Female _____ Birthdate _____

Child's Address _____

List any existing medical conditions, special needs/attention, or medication that your child has _____

Allergies _____

Photographs/Video May we take and maintain photographs of this child that might be used in social media for River Depot or River of Life or in advertising for River Depot? Yes _____ No _____

4th Child First Name _____ M.I. _____ Last Name _____

Name child prefers to be called _____ Grade _____ Gender: Male _____ Female _____ Birthdate _____

Child's Address _____

List any existing medical conditions, special needs/attention, or medication that your child has _____

Allergies _____

Photographs/Video May we take and maintain photographs of this child that might be used in social media for River Depot or River of Life or in advertising for River Depot? Yes _____ No _____

Authorized Pick-up

Please list up to three people (including yourselves as parent(s) that are authorized to pick-up your child/ren. Please list them in order as they are likely to be picking up your child/ren.

1st Pick Up Name _____ Relationship to child/ren _____
Phone number _____

2nd Pick Up Name _____ Relationship to child/ren _____
Phone number _____

3rd Pick Up Name _____ Relationship to child/ren _____
Phone number _____

If anyone besides these three people need to pick up your child, you must call a director beforehand and tell them who will be picking up your child and we will require that person to show their identification when picking up your child/ren.

Is there anyone who is NOT allowed to pick up your children? If so, please explain: _____

Emergency Contact and pick-up

If there is an emergency and we need to get in touch with someone who will be able to pick up your child immediately, please list who you would like us to call in the order you want them to be called.

Emergency contact #1 Name _____ Relationship to child(ren) _____
Phone number _____

Emergency contact #2 Name _____ Relationship to child(ren) _____
Phone number _____

Emergency contact #3 Name _____ Relationship to child(ren) _____
Phone number _____

Current Tuition Amount: Annual Registration fee/family is \$25 due with registration form.

Before School Care \$4/child per day After School Care \$12/child per day Early Release days \$16/child per day
Full Day Care during school breaks and the summer \$30/child per day

Please tell us who is responsible for paying tuition and fees for River Depot Kid Care _____

Additional Comments and Information regarding your child/ren or family that you would like us to know _____

Note River Depot Kid Care program is neither licensed nor supervised by the State of Minnesota (DHS); therefore, we cannot receive payments from the State of MN Child Care Assistance Program. However, scholarships and assistance may be possible as funds are available. We want to help meet your needs for quality childcare. Please email contact@riverdepot.org for information about scholarships that might be available.

** My signature below represents the registration of my child/ren as well as grants my permission for my children to participate in any and all activities, unless otherwise noted in writing in the above "Additional Comments and Information" section above.

Parent Guardian's Signature _____ Date _____

When you sign up for ROCORI School District bussing, please indicate that your child's drop-off location is River of Life Church, 22881 178 Ave., Cold Spring, MN 56320. Contact the bus company directly regarding changes to your child's bussing throughout the school year.