

River Depot Registration Form 2020

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

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

What days are you thinking about them 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 before hand 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 child children? If so, please explain: _____

Emergency Contact and pick-up

If there is an emergency and we need to get in touch with some one 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:

Full day summer care in 2020 \$30/child per day

After School Care for School Year 2020-21-\$12

Early Release days-\$16

Full day care during school breaks- \$26

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

Additional Comments and Information _____

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 child care. 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.

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.