



Love.

Learn.

Grow.

2023-2024
 Red Bank UMC After School
 2909 Old Barnwell Road, Lexington, SC 29073
 Phone: (803)359-0329 Email: preschool@rbumc.com
 RBUMC.COM
 Fax: (803)957-2259

Office Use	
<input type="checkbox"/>	Fee Agreement & Parent Pledge
<input type="checkbox"/>	Registration Fee
<input type="checkbox"/>	Immunization
<input type="checkbox"/>	General Health Form

General Information

Child's Name:	
Date Of Birth:	Age on Sept 2023:
Address: City, State, Zip	
Please choose one of the following schools your child/children is attending:	
Saxe Gotha Elementary	Deerfield Elementary
Carolina Springs Elementary	Red Bank Elementary
White Knoll Elementary	RBUMC Preschool 4K
Carolina Springs Middle (6 th -7 th)	
Email:	
Mother's Cell:	Father's Cell:
Parent(s) Names:	
Mother's place of employment and work number:	Father's place of employment and work number:
Child's Health Record (Please attach a copy of immunization records)	
Food Allergies:	Other Allergies:
Does your child have any medical situations or other problems that we should be aware of?	
Name and phone number of child's doctor	
I have attached a copy of my child's immunization record:	
Yes , current record is attached	No , one will be provided before the beginning of the year

Grade Level	Staying Until	Weekly Fee	Registration Fee	Supple Fee
Preschool 4k Rollover	6:00 PM	\$70.00	\$40.00	\$75.00
After Noon 4k-5 th Grade	6:00 PM	\$70.00	\$40.00	\$75.00
6 th -7 th	6:00 PM	\$60.00	\$40.00	\$75.00

Registration Fee- \$40 due at time of registration to confirm enrollment. **REGISTRATION FEE IS NON-REFUNDABLE**

Supply Fee- \$75 needs to be paid by August 31st 2023. **SUPPLY FEE IS NON-REFUNDABLE**

Full weekly payments are expected for weeks that RBUMC After School is open and operating at least 3 days out of the week. For weeks that RBUMC After School is open and operating only 1-2 days the price is half what you normally pay.

Payments are due at the beginning of each week, if not paid by the end of the week, a \$5 late fee will be added to the next week's payment.

If payment is unpaid after 2 weeks, your child can no longer be picked up by the after school program until payment is received.

If the past due amount is not paid after 1 month your child forfeits their spot in the after school program.

If your child is not picked up by 6:00 PM a fee of \$1/minute that staff have to stay beyond 6:00 PM on our time clock. This fee will be added to your next week's payment.

We will pick up on all scheduled half days. There is an additional \$12 fee for those days since we are providing child care for longer hours.

If we are notified after 2 pm that your child will not need to be picked up by After School that day, there will be a \$5 fee added to the next week's payment. Our drivers plan their routes based on who is being picked up that day. Failure to notify us that your child does not need to be picked up by After School will result in a \$10 fee being added to the next week's payment. In some instances, your child maybe the only child picked up from that school, not notifying us results in a wasted trip to that school, as well as holding up the pick up the pickup process while we try and reach you to verify what that school tells us. We understand that emergencies happen and you may forget, we are just trying to prevent a continued pattern of forgetting to notify After School.

In the event of a returned check deposit for services rendered a \$25.00 fee will be added to the amount owed and would need to be paid to Red Bank UMC After School by cash or money order within 15 days of initial contact. If money owed is not received by the 16th day, your child's spot in the After School program will be forfeited.

Fee Agreement

I have read the fee agreement for the 2023-2024 school year and understand that I am obligated to pay all fees as listed within the time frame listed. Tuition payments are due the first day of the week that we are operating. If my child is withdrawn, I am responsible for all weekly fees for the week my written notice of withdrawal is given to the office. I understand that all fees including registration and weekly payments are nonrefundable.

Signature of Parent or Guardian

Date

RBUMC After School Parent Pledge

Our goal is to introduce and nurture the Christian faith in young children, to assist families in providing the best opportunities for emotional, physiological, and spiritual growth in their children.

I am aware of the following:

Red Bank UMC After School is a Christian school and is a ministry of Red Bank United Methodist Church.

RBUMC After School follows Lexington District 1 school calendar and do not operate on school holidays or workdays.

All students are required to have an up to day immunization form on file. Religious exemption forms are not accepted.

I pledge to support Red Bank UMC After School in the following ways:

If my child has food allergies or if I have dietary concerns, I will notify my child's After School teachers of such in writing, and I will send my child's snack if deemed necessary.

I will share pertinent health information about my child with my child's After School teacher(s) in writing. I may be asked to provide information from my child's doctor in the event of a medical concern.

I will follow RBUMC After School's health policy, and I will not knowingly send my child to school when they are sick.

If I have concerns, I will discuss them with my child's After School teacher first. If concerns or issues are not addressed in a responsible time frame, I will then contact the After School Director,

I will respect the privacy of After School families

I will pay my tuition on the first of each week, and I will pay a late fee of \$5.00 if my tuition is paid after the end of the week. I understand that if payment is not made after two weeks that my child will not be picked up by RBUMC After School. I understand that if payment is not made by the end of the month that my child's spot is forfeited.

I have read and agree to the information stated above in the Parent's Pledge

Parent's Signature _____

Date _____

*This information will also be included, in detail, in the Parent Handbook

South Carolina Department of Social Services
Child Care Regulatory Services

GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____
Street Address -- no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship

Address: _____
Street Address City, State, Zip

Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone