Student Registration Form

2018 - 19 School Year

Full Name: ______________________ Birth Date: ____________ Grade: _______ ☐ Male ☐ Female

Student email (6th - 12th) ______________________ Student Cell Phone (6th - 12th) ______________

Religious Affiliation (optional): ________________ Congregation: ______________________

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* *Required*

Father's Name: ______________________ email address: ______________________

Address: ______________________ City: ______________ State: _______ ZIP: ________

Home Phone: (____) ____________ Work Phone: (____) ____________ Cell Phone: (____) ____________

Place of Employment: ______________________ Occupation: ______________

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* *Required*

Mother's Name: ______________________ email address: ______________________

(If different)

Address: ______________________ City: ______________ State: _______ ZIP: ________

Home Phone: (___) ____________ Work Phone: (___) ____________ Cell Phone: (___) ____________

Place of Employment: ______________________ Occupation: ______________

Billing Information ***(If different)***: * *Required*

Name: ______________________ email address: ______________________

Address: ______________________ City: ______________ State: ________ ZIP: ________

Home Phone: (___) ____________ Work Phone: (___) ____________ Cell Phone: (___) ____________

**** All account/billing statements will be sent via e-mail unless home e-mail is unavailable***

ADDITIONAL FAMILY DATA: *If there is a separation or divorce in the family* *or if the student resides with a legal guardian, please complete this section*

Name of Legal Guardian: ______________________ Relationship to Student: ______________

Address: ______________________ City: ______________ State: ________ ZIP: ________

Home Phone: (___) ____________ Work Phone: (___) ____________ Cell Phone: (___) ____________

If separated or divorced, with which parent does the child reside? ______________________

If divorced, please indicate the type of custody ordered by the court: Joint ☐ Sole ☐

(Please attach a copy of the court's decision regarding custody.)

To whom should notices of school activities be sent? ______________________

To whom should statements be sent? ______________________

(additional information required on back of form)

Pick-up Authorization:

The following individuals are authorized to pick my child up from school:

R.A.C.E. personnel (if applicable)____________________ ____

____ ____

____ ____

For safety reasons, identification may be required before a child is released. Parents notify the office when someone other than individuals listed above are to pick up their child.

Emergency Contact Numbers:

Child's Physician: ____ Phone: (____) __________________________

In the case of emergency, the following individuals should be contacted if the student's parent is not able to be contacted:

Name: ____ Relationship: ____

Home Phone: (____) _________________ Work Phone: (____) ___________________ Cell Phone: (____) ______________

Name: ____ Relationship: ____

Home Phone: (____) _________________ Work Phone: (____) ___________________ Cell Phone: (____) ______________

Name: ____ Relationship: ____

Home Phone: (____) _________________ Work Phone: (____) ___________________ Cell Phone: (____) ______________

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*Please **circle** your choice of tuition payment options:*

TUITION:	*July 1* Annual	*July 1 & Dec. 1* Semi-Annual	*Aug. 1 - May 1* 10 Month	*June 1 - May 1* 12 Month
Pre-school & Jr. K (1/2 day)	$2,600	$1,300	$265	$222.08
Pre-school & Jr. K (full day)	$3,800	$1,900	$385	$322.08
Kindergarten - 5th Grade	$4,200	$2,100	$430	$359.58
Middle School (6th – 8th Grades)	$4,750	$2,375	$485	$405.42
High School (9th – 12th Grades)	$5,100	$2,550	$520	$434.58

Multi-child discounts will be calculated into payment plans.

REGISTRATION FEES:	
Pre-school and Jr. Kindergarten	$130
Kindergarten - 12th Grade	$300

☐ I agree to adhere to policies of Riverside Christian Academy. By signing this agreement, I accept financial responsibility for tuition payment.

____ ____/____/____

Signed (Parent or Guardian) *Date*

Health Information for: ________________________
Student Name

1. Is student under medical treatment at this time? Yes___ No___ If yes, please describe including a list of all medications given at home:

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2. Has student had any serious injuries, illnesses, accidents or been hospitalized recently? Yes___ No___ If yes, please describe:

____

____

3. Is student required to have daily medications or medical treatments during school hours? This includes asthma inhalers, breathing treatments, injections, topical creams, and oral medications. These require a medication consent form (located on RenWeb). Please list all medications and treatments below:

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4. Is Child Allergic to any of the following:

Foods________________________	Reaction________________	Treatment_____________________
Medications__________________	Reaction________________	Treatment_____________________
Insects______________________	Reaction________________	Treatment_____________________
Chemicals___________________	Reaction________________	Treatment_____________________
Seasonal Allergies _____________	Reaction________________	Treatment_____________________

If medication is needed for any of the above, please complete a medication consent form found on RenWeb.

5. Health Problems: Please mark all that apply and describe the health problem(s) along with any medication or treatment needed.

____ ADD/ADHD
____ ASTHMA/BREATHING PROBLEMS
____ BOWEL/INTESTINAL PROBLEMS
____ CARDIAC/HEART PROBLEMS
____ CANCER/LEUKEMIA
____ DENTAL PROBLEMS
____ DIABETES/HYPOGLYCEMIA
____ EPILEPSY/SEIZURES/CONVULSIONS
____ HEADACHES-frequent requiring medication
____ HEADACHES-migraine
____ HEADACHES-sinus
____ HEARING IMPAIRMENT
____ HEMOPHILIA/BLEEDING DISORDER
____ HYPERTENSION/HIGH BLOOD PRESSURE
____ NEUROLOGICAL/BIRTH DEFECT
____ PHYSICAL IMPAIRMENT
____ SKIN DISORDERS
____ STOMACH PROBLEMS/ULCERS
____URINARY/KIDNEY/BLADDER PROBLEMS
____VISION PROBLEMS
____OTHER PROBLEMS

Explanation of health problems marked above:____

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Does student have any limitations that prevent him/her from participating in physical education or school sponsored activities?

If so, please describe and send a physician's statement regarding limitations: ______________________________

I give consent for my child to receive first aid at school for minor injuries, insect bites or small accidents that occur. At times, hydrogen peroxide, antibiotic ointment and anti-itch creams may be used if necessary.

_____________________________ Parents signature

_______________ Date