



# Student Registration Form

## 2019 - 20 School Year

(1) Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
First / Middle / Last Month / Date / Year 2019-20  
 Student email (if applicable) \_\_\_\_\_ Student Cell Phone (if applicable) \_\_\_\_\_

(2) Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
First / Middle / Last Month / Date / Year 2019-20  
 Student email (if applicable) \_\_\_\_\_ Student Cell Phone (if applicable) \_\_\_\_\_

(3) Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
First / Middle / Last Month / Date / Year 2019-20  
 Student email (if applicable) \_\_\_\_\_ Student Cell Phone (if applicable) \_\_\_\_\_

(4) Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female  
First / Middle / Last Month / Date / Year 2019-20  
 Student email (if applicable) \_\_\_\_\_ Student Cell Phone (if applicable) \_\_\_\_\_

Father's Name: \_\_\_\_\_ email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If different)  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family Religious Affiliation: \_\_\_\_\_ Congregation: \_\_\_\_\_  
(Optional)

Billing Information *(If different from above)*:  
 Name: \_\_\_\_\_ email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\* All account/billing statements will be sent via e-mail unless 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? \_\_\_\_\_

**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 must 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: \_\_\_\_\_

**Health Information:**

Student health records are on file in the RCA office for each student. I accept the responsibility to update my child's health information including any new diagnosis, or changes in allergies or chronic illnesses.

	<i>July 1</i>	<i>July 1 &amp; Dec. 1</i>	<i>Aug. 1 - May 1</i>	<i>June 1 - May 1</i>
<u>TUITION:</u>	<u>Annual</u>	<u>Semi-Annual</u>	<u>10 Month</u>	<u>12 Month</u>
Pre-school & Jr. K (1/2 day)	\$2,700	\$1,350	\$275	\$230.42
Pre-school & Jr. K (full day)	\$3,900	\$1,950	\$395	\$330.42
Kindergarten - 5th Grade	\$4,350	\$2,175	\$445	\$372.08
Middle School (6 <sup>th</sup> – 8 <sup>th</sup> Grades)	\$4,900	\$2,450	\$500	\$417.92
High School (9 <sup>th</sup> – 12 <sup>th</sup> Grades)	\$5,300	\$2,650	\$540	\$451.25

*Multi-child discounts will be calculated into payment plans.*

**REGISTRATION FEES:**

*Fees will be posted to your Parents Web general account.*

Kindergarten - 12th Grade \$300



Choose one of the following options for your tuition payments. Changes may be made at any time by contacting the RCA accounting office.

Annual     Semi-Annual     10 Month     12 Month

I have chosen a tuition plan as indicated above.

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

\_\_\_\_\_  
*Signed (Parent or Guardian)*