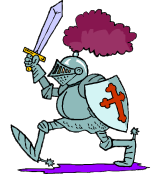




Preschool / Jr. Kindergarten Information Form



STUDENT'S Name: _____ Birth Date: _____ Male Female

Returning Student New Student If new, last pre-school attended (if any): _____

Registering for: (Students must have applicable birth date on or prior to September 1st)

3 yr. Preschool (5 full) (5 half)

4 yr. Jr. K (5 full) (5 half)

Religious Affiliation (optional): _____ Congregation: _____

Father's Name: _____	* Required email address: _____
Address: _____	City: _____ State: _____ ZIP: _____
Home Phone: (____) _____	Work Phone: (____) _____ Cell Phone: (____) _____
Place of Employment: _____	Occupation: _____

Mother's Name: _____	* Required email address: _____
(If different) Address: _____	City: _____ State: _____ ZIP: _____
Home Phone: (____) _____	Work Phone: (____) _____ Cell Phone: (____) _____
Place of Employment: _____	Occupation: _____

Billing Information (If different): Name: _____	* Required 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: <i>If there is a separation or divorce in the family or if the student resides with a legal guardian, please complete this section</i>	
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: <i>(Please attach a copy of the court's decision regarding custody.)</i>	<input type="checkbox"/> Joint <input type="checkbox"/> Sole
To whom should notices of school activities be sent? _____	
To whom should statements be sent? _____	

Emergency Authorization

I, _____, the parent or legal guardian of _____, a student at Riverside Christian Academy (RCA), grant Riverside Christian Academy permission to seek emergency medical care for my child and to make medical decisions on his or her behalf if I am unable to be reached in a timely manner.

Signature of parent/guardian: _____ Date: _____

Describe anything concerning your child that you feel we need to know (example: food or other allergies, certain habits, special needs or medical conditions, etc...)

_____ None

What form of discipline do you use at home? (spanking, time out, etc...) _____

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 should provide written permission 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: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

- I have read and understand the RCA Handbook & Preschool supplement and accept the terms within.
- I have paid the required portion of the NON-REFUNDABLE \$100 registration fee.
- I have read and understand the R.A.C.E. after-school policy.

To the best of my knowledge, I believe that all of the above information is correct. I understand that it is my responsibility to contact the Director if any of this information changes.

I understand and accept all the above conditions on both sides of this application.

Signed (Parent or Guardian)

Date