



Student Registration Form

2021 - 22 School Year

(1) Student Name: _____ <small style="text-align: center;">First / Middle / Last</small>	Birth Date: _____ <small style="text-align: center;">Month / Date / Year</small>	Grade: _____ <small style="text-align: center;">2021-22</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(2) Student Name: _____ <small style="text-align: center;">First / Middle / Last</small>	Birth Date: _____ <small style="text-align: center;">Month / Date / Year</small>	Grade: _____ <small style="text-align: center;">2021-22</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(3) Student Name: _____ <small style="text-align: center;">First / Middle / Last</small>	Birth Date: _____ <small style="text-align: center;">Month / Date / Year</small>	Grade: _____ <small style="text-align: center;">2021-22</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(4) Student Name: _____ <small style="text-align: center;">First / Middle / Last</small>	Birth Date: _____ <small style="text-align: center;">Month / Date / Year</small>	Grade: _____ <small style="text-align: center;">2021-22</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
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)

REQUIRED FOR NEW FAMILIES:
Please specify one FACTS customer. This parent (or other designated individual) will be the primary financial representative in FACTS to whom all invoices and statements will be sent.

Name: _____ email address: _____

Address: _____ City: _____ State: _____ ZIP: _____

** 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.

<u>TUITION:</u>	<u>Annual Tuition</u>	<i>July 1</i>	<i>July 1 & Dec. 1</i>	<i>Aug. 1 - May 1</i>	<i>June 1 - May 1</i>
		<u>Full Year 2% Discount</u>	<u>Semi-Annual 2% Discount</u>	<u>10 Months</u>	<u>12 Months</u>
Kindergarten - 5th Grade	\$4,975.00	\$4,875.50	\$2,437.75	\$497.50	\$414.58
Middle School (6 th – 8 th Grades)	\$5,595.00	\$5,483.10	\$2,741.55	\$559.50	\$466.25
High School (9 th – 12 th Grades)	\$5,950.00	\$5,831.00	\$2,915.50	\$595.00	\$495.83

Multi-child discounts will be calculated into payment plans.

REGISTRATION FEES:

Fees will be posted to your Family Portal general account.

K - 12th Grade: \$350



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

- Full Year Semi-Annual 10 Month 12 Month

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)