



Student Registration Form

2022 - 23 School Year

(1) Student Name: _____ <small>First / Middle / Last</small>	Birth Date: ____/____/____ <small>Month / Date / Year</small>	Grade: _____ <small>2022-23</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(2) Student Name: _____ <small>First / Middle / Last</small>	Birth Date: ____/____/____ <small>Month / Date / Year</small>	Grade: _____ <small>2022-23</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(3) Student Name: _____ <small>First / Middle / Last</small>	Birth Date: ____/____/____ <small>Month / Date / Year</small>	Grade: _____ <small>2022-23</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student email (if applicable) _____		Student Cell Phone (if applicable) _____	
(4) Student Name: _____ <small>First / Middle / Last</small>	Birth Date: ____/____/____ <small>Month / Date / Year</small>	Grade: _____ <small>2022-23</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: _____ <small>(If different)</small>		City: _____	State: _____ ZIP: _____
Home Phone: _____		Work Phone: _____	Cell Phone: _____
Place of Employment: _____		Occupation: _____	

Family Religious Affiliation: _____ <small>(Optional)</small>	Congregation: _____
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REQUIRED FOR NEW FAMILIES:			
Please <u>specify one FACTS customer</u>. 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: <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: <small>(Please attach a copy of the court's decision regarding custody.)</small>		<input type="checkbox"/> Joint	<input type="checkbox"/> Sole
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>Base 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	\$4,975.00	\$4,875.50	\$2,437.75	\$507.50	\$422.92
1 st – 8 th Grades (Elementary & Middle)	\$5,595.00	\$5,483.10	\$2,741.55	\$569.50	\$474.58
9 th – 12 th Grades (High School)	\$5,950.00	\$5,831.00	\$2,915.50	\$605.00	\$504.17

Multi-child discounts will be calculated into payment plans.

* An annual fee of \$100 per family is included in the monthly pay options above.

REGISTRATION FEES:

Fees will be posted to your Family Portal incidental billing 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 that the annual tuition per student selected on this registration form (less any discounts, if applicable), represents my financial obligation for all payment plan options offered.

Signed (Parent or Guardian)