



Enrolling for Grade: _____ Date: _____ County of Residence: _____

Student's Name: _____ Sex: M or F Birth Date: _____ Age _____

Street Address: _____ City: _____ Zip Code: _____

Child resides with: Both parents/ Mother/ Father/ Legal Guardian Home Phone: _____

Last Grade Completed: _____ Previous School: _____

Address of Previous School: _____ Has the student been suspended or expelled? _____

Reason for Non-return: _____

Mother's Information

Name: _____

Home Address: _____

Employer: _____

Home #: _____ Mob. # _____

Work # _____ DL# _____

Email: _____

Father's Information

Name: _____

Home Address: _____

Employer: _____

Home #: _____ Mob. #: _____

Work # _____ DL# _____

Email: _____

Emergency Contact: _____ Phone #: _____

Allergies or Medical Condition: _____

Current Medications: _____

Does student have emotional problems? _____ Behavioral Problems? _____ Learning Disabilities? _____

Church family attends _____ Are you a member? _____ Active attender? _____

Persons (16 and older) other than parent's authorized to pick up your child (List phone number also)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Riverpointe Christian Academy admits students of any race, color, religion, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, nationality and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletics and other school-administered programs.

PARENT AGREEMENT with RIVERPOINTE CHRISTIAN ACADEMY

1. RCA agrees to provide care for _____ child's name) on Monday through Friday (unless school is closed according to the published school calendar or inclement weather or other unforeseen acts of God) during regular school hours per published school calendar.
2. Before any medication is dispensed to my child, I will provide written authorization which include: dates, name of child, name of medication, prescription (in original bottle), dosage information, and time to be given. Medicine will be in the original container with label intact and legible. I may be contacted via telephone to verify information or give permission for administering over the counter medication to my child.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or person authorized by parent(s), or RCA personnel.
4. I(we) acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, address, child's health status and immunization records, etc.
5. RCA agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, etc., which include my child.
6. I (we) give permission for my child to participate in any and all activities deemed proper. The permission includes field trips off the premises as well as activities on school property and transportation by foot or in any vehicle on or off school property.
7. I (we) agree to pay all monthly tuition as agreed upon in my contract. I understand that if I do not pay on time that I will incur late fees of \$40 per month. All fees are due regardless of the child's attendance. I also agree to pay any and all returned check fees that I incur.
8. Any student expelled for discipline will not be reimbursed any monies.
9. Report cards and transcripts will not be released if accounts are past due.
10. I (we) agree to abide by the policies and procedures of RCA.
11. The enrollment and activity fees are not refundable.
12. If I have a question regarding a classroom issue, I will speak first to the teacher, then to the principal, rather than to other parents. If I have questions regarding policy I will approach the principal. If I cannot continue to support RCA, I will withdraw my child without seeking to undermine or discredit the ministry or its personnel.
13. I (we) release and hold harmless RCA and agents of same from liability for any accident or injury to my child.
14. I (we) give permission for pictures or video done at school to be used for promotional and advertising purposes.
15. Should my child suffer an injury or illness while in the care of RCA and the facility is unable to contact me(us) immediately, RCA will be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

Parent or legal guardian: _____ Date: _____

Print Name: _____

How did you hear about our school? _____ newspaper _____ signs _____ radio

_____ Camp Charleston _____ Friend _____ List the persons name

REGISTRATION FEES ARE NOT REFUNDABLE