

# River Christian Academy

I hereby certify that I am the parent/guardian of \_\_\_\_\_ and have read and give my consent to the following statements:  
(Child's Name)

**(Please initial on each line for permission/consent of each section)**

**PHOTO RELEASE \_\_\_\_\_**

I give my permission for my child's photograph or video image to be taken while he/she is in the care of River Christian Academy personnel. Such images may be posted in classrooms or other appropriate places within the school, used in school presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE \_\_\_\_\_**

In order to meet all legal requirements, I hereby authorize the Director of the school, or the person in charge in the event of his/her absence, to give my consent for any and all necessary emergency medical treatment for my child while in said individual's custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or closest hospital for immediate attention. I also assume responsibility for payment of the same.

**AUTHORIZATION TO TRANSPORT \_\_\_\_\_**

For field trips and in the event of any emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the director, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

**ATTENDANCE POLICY \_\_\_\_\_**

I have read and understand the RCA Attendance policy and adhere to the requirements for attendance.

**STUDENT/PARENT HANDBOOK \_\_\_\_\_**

I have received the RCA Student/Parent Handbook and I understand that my child and I are expected to follow the guidelines established therein.

**DISCIPLINE POLICY \_\_\_\_\_**

I have read the Discipline Policy and I am aware that RCA may dismiss my child from their program in the event that he/she is unable to follow the rules and guidelines of the school.

**PICK-UP POLICY \_\_\_\_\_**

I must notify the school in anyone OTHER than the people previously listed are to pick-up my child. For my child's protection, THEY WILL NOT be released to any unauthorized persons and identification will be required of unknown persons requesting to pick up my child.

**TUITION AGREEMENT \_\_\_\_\_**

I understand that tuition is due on the 1<sup>st</sup> of each month for that month. If unpaid by the 5<sup>th</sup> of each month, a \$10.00 late fee will be charged. An additional \$15.00 fee will be assessed if not paid by the 10<sup>th</sup> of that month and I understand that if my payment is not made by the 15<sup>th</sup> of each month, my child will not be allowed to return to class. I also understand that a \$10.00 service charge will be assessed on each check returned to the Academy for insufficient funds. I understand that the following fees are non-refundable: Registration Fee and Book/Supply Fee.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notary Information:** State of Florida County of \_\_\_\_\_ Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is personally known to me or who has produced Florida Driver's License # \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

Commission Number: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

**(To be renewed yearly)**