

RIVER CHRISTIAN ACADEMY

3111 St. Johns Ave.

Palatka, FL 32177

(386)325-0951 Fax (386)325-2129

E-Mail: prollins@visitmychurch.org

CHURCH INFORMATION

Name of Church _____

Address _____

City _____ State _____ Zip _____

Denomination _____

Name of Pastor _____

How often do you attend?

Student: Weekly Monthly Occasionally

Father: Weekly Monthly Occasionally

Mother: Weekly Monthly Occasionally

STUDENT INFORMATION

Applying for the 20__-20__ School Year

Grade PK3 PK4 Half Day Full Day

K 1 2 3 4 5

After School Care Yes No

OTHER INFORMATION

How did you hear about RCA? _____

Referred by: _____

Why do you want your child to attend River Christian Academy? _____

STUDENTS LEGAL NAME

Last _____ First _____ Middle _____

Goes by _____ Male Female

SSN _____ - _____ - _____

Birth date ____/____/____ Age _____

Home Phone (____) _____

Address _____

City _____ State _____ Zip _____

BILLING INFORMATION

Bill to _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

E-mail _____

FAMILY INFORMATION

Child lives with:

FATHER/STEPFATHER/LEGAL GUARDIAN (Please Circle)

Name _____

Cell Phone (____) _____

E-mail _____

Work Phone (____) _____

Occupation/Title _____

Employer _____

MOTHER/STEPMOTHER/LEGAL GUARDIAN (Please Circle)

Name _____

Cell Phone (____) _____

E-mail _____

Work Phone (____) _____

Occupation/Title _____

Employer _____

If the child does not live with both natural parents, please list the name, address, and phone number of the other parent.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Would this parent like correspondence? Yes No

Name and ages of brothers and sisters _____

Tuition Agreement: I understand that tuition is due on the 1st of each month for that month. If unpaid by the 5th of that month, a \$10.00 late fee will be charged. An additional \$15.00 fee will be assessed if not paid by the 10th of that month and I understand that if my payment is not made by the 15th of the 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, Supply Fee and Book Fee.** I will review the River Christian Academy Student Handbook for detailed financial policies.

Date Parent Guardian Signature

OFFICE USE

DATE RECEIVED _____ Registration Fee _____

STARTING DATE _____ Book Fee _____

Tuition Amount _____

Registration Form

Shot Record (Blue Form)

Physical (Yellow Form)

Copy of Parent/Guardian Driver's License

Emergency and Medical Information

Proof of Insurance Coverage

Notarized Form

VPK Certificate

CTC Commitment Form