

RIVERFRONT CHRISTIAN SCHOOL REGISTRATION FORM

2011-2012

RIVERTON UNITED METHODIST CHURCH

Office Use
Amt. Pd _____
Check/Cash _____
Date _____

ELEMENTARY SCHOOL APPLICATION

(Circle one) Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

*Full Name of Child _____
First Middle Last

*Telephone _____ *Nickname _____

*Full Address _____
Street # City State Zip

*Age as of September 30th _____ *Birthdate _____ *SSN# _____

Additional children in family (names and ages) _____

*Father's Name _____

*Business _____ Work # _____ Cell # _____

*Mother's Name _____

*Business _____ Work # _____ Cell # _____

Marital Status of Parents: _____ Married _____ Separated _____ Divorced
_____ Never Married _____ Widowed

*If divorced, attach custody and visitation agreement for the child.

Church Attending _____

* Parent's E-mail Address _____

How did you hear about this school? _____

*State Birth Certificate & Number _____
(For New Students Only)

*Verified by _____ Date _____
(School Office Personnel Only)

***Required information**

OVER

Riverfront Christian School Little Sheep Preschool

Parent and School Partnership Commitment Form 2011-2012

The philosophy of Riverfront Christian School has been established upon the Biblical principle that God has given parents the primary responsibility for educating their children. Riverfront Christian School's administration and teachers enter into a partnership with parents to care for students and teach them academics integrated with Biblical values.

The Bible is the guide for how we ought to live. Its principles for living will be taught to our students daily during Bible and other academic classes, and students will be encouraged by their teachers to put these principles to use at home.

As parents of students at Riverfront Christian School/Little Sheep Preschool, we, the undersigned, agree to the following:

I/we:

1. Have read the school wardrobe information and accept my responsibilities to make sure my child(ren) are wearing acceptable wardrobe items daily.
2. Authorize RCS to employ such love-motivated discipline as it deems wise and expedient for my/our child(ren), so long as no corporal correction (padding) is performed by any staff member.
3. **Understand that if my/our child's immunization records (with all shots current) and birth certificate information are not on file with the school office by October 1st, my/our child(ren) will not be permitted to continue classes unless special arrangements are made with the Director.**
4. Understand that my/our child(ren) at Riverfront Christian School/Little Sheep Preschool, we are assuming responsibility for the **registration fee, book fee** and the **entire annual tuition**. My/our signature indicates that I/we accept the moral as well as legal obligation for the registration fee, book fee and the total yearly tuition, all of which are non-refundable.
5. Understand that the Director and the RCS executive committee reserves the right to expel any child(ren) who fail to comply with the established regulations and school discipline or whose financial obligations remains unmet. We realize that attending Riverfront Christian School/Little Sheep Preschool is a privilege that may be withdrawn upon sufficient cause as determined by the administration.
6. Understand and accept the standards of the Riverfront Christian School/Little Sheep Preschool which do not tolerate profanity, cheating, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the students and personnel of the school. I/we pledge to cooperate with the school in upholding all such standards.
7. Will help our child get the most out of school by helping him/her to go to bed on time and to eat healthy meals. We will also make sure our child completes homework assignments and will help him/her study for tests and quizzes.
8. We will exercise care and loving wisdom about discussions with those who are not directly involved in a concern or problem.
9. **Will faithfully support the school through my/our prayers and positive attitude, and should concerns or problems arise, we agree to work them out with the teacher or director.**
10. I/we will be actively involved with our child's education by volunteering approximately fifteen hours during the school year.
11. Riverfront Christian School/Little Sheep Preschool reserves the right to terminate the school relationship if this agreement policy is not signed and returned to the school.

Financial Statement

Upon enrolling your child(ren) at Riverfront Christian School, you are assuming responsibility for the **registration fee**, **book fee** and the **entire annual tuition**. Your signature indicates that you accept the moral as well as legal obligation for the registration fee, book fee, and the total yearly tuition, all of which are non-refundable.

Tuition is due on the first of each month. It is extremely important that payments be made on time in order for the school to meet current financial obligations. **A late fee of \$25.00 will be charged on payments made after the tenth of the month.** Should circumstances arise which might make it difficult to pay your tuition on time, it is important that you discuss this in advance with the bookkeeper or school director.

The school reserves the right to withhold a student's report card and records if tuition payments are not current. If tuition payments are two months delinquent, the student may be asked to leave the school until payment is made.

We/I, the undersigned, understand and agree to the financial policy of the school set forth above. Both parents need to sign the form, unless the child is in a single parent home.

We agree to the above and place our signature to this on this day _____.

Father's/Guardian's Signature

Mother's/Guardian's Signature

Father's/Guardian's Printed Name

Mother's/Guardian's Printed Name

Riverfront Christian School

Student - Emergency Information 2011-2012 School Year

***Medical conditions and/or allergies** (including reactions to medication): _____

***Current Medication:** _____

(A 72 hour supply of life-sustaining medications should be kept at the school)

Please list any medical precautions, any physical limitations or any medical conditions your child has of which the school should be aware: _____

***Family Physician and/or Pediatrician, other Medical Specialist, Dentist:**

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Carrier: _____

Policy #: _____ Group #: _____

Under the name of: _____ Relationship: _____

Preferred Hospital: _____ Date of last tetanus shot: _____

***In case of emergency, the following individuals are authorized to be contacted and/or have my permission to pick up my child from school.** (Please notify these individuals that you have given them this authorization.)

Name _____ Hm Phone _____ Cell _____ Work _____

Name _____ Hm Phone _____ Cell _____ Work _____

Name _____ Hm Phone _____ Cell _____ Work _____

Name _____ Hm Phone _____ Cell _____ Work _____

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

Authorization: I authorize the Riverfront Christian School or its designee to transport the above named student by ambulance to a hospital emergency room for treatment in the event of serious illness or injury if parent, guardian, or emergency contact cannot be reached. I understand that I am financially responsible for cost incurred. Both parents need to sign form, unless child is in a single parent home.

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

Father/Guardian's Printed Name

Mother/Guardian's Printed Name

No records or information will be released outside the school without parental consent. Faculty and staff will have limited access to these records. **Please notify the school office of any changes during the school year.**

***Required information**