

# **RiverWalk Christian Academy**

## ***2010 – 2011 Enrollment Checklist***

This checklist is to remain with the enrollment paperwork within the student's file as a reference and aid to inspection.

**Student Name:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_

*The below forms are to remain in the student file:*

- \_\_\_\_\_ **RiverWalk Christian Academy Annual Fees Agreement and Enrollment Form**
- \_\_\_\_\_ **Conditions for Acceptance Form**
- \_\_\_\_\_ **Discipline Waiver / Truthful Disclosure Form**
- \_\_\_\_\_ **Receipt of Student Handbook (copy provided to parents)**
- \_\_\_\_\_ **After Care Procedures Form**
- \_\_\_\_\_ **Scholarship Contract (signed by CTC / McKay Scholarship parents)**

*The below information is to be provided to the parent(s) of attending children:*

- \_\_\_\_\_ **Dress Code Policy**
- \_\_\_\_\_ **Student Handbook**

*The following forms are to remain in the student's file:*

- \_\_\_\_\_ **Re-enrollment / Does not apply**
- \_\_\_\_\_ **Copy of Birth Certificate**
- \_\_\_\_\_ **Copy of Social Security Card**
- \_\_\_\_\_ **Immunization and Physical Report**
- \_\_\_\_\_ **Educational Cumulation Folder**

**Requested on:** \_\_\_\_\_ **From:** \_\_\_\_\_  
*(School name)*

**Received on:** \_\_\_\_\_



## RiverWalk Christian Academy

801 West 22<sup>nd</sup> Street  
Sanford, FL 32771  
(407)321-2723

### School Hours:

Kindergarten (Weds. early dismissal at 1:30 P.M.)	8:00 A.M. – 2:30 P.M.
Grades 1 - 3 (Weds. early dismissal at 1:50 P.M.)	8:00 A.M. – 2:50 P.M.
Grades 4 – 8 (Weds. early dismissal at 2:00 P.M.)	8:00 A.M. – 3:00 P.M.

Registration Fee:(Early registration is \$100.00 due March 5) \$175.00

Material Fees: (Due July 1<sup>st</sup> 2010)

Kindergarten ( 5 year old)	\$175.00
Grades 1 – 8	\$250.00

Tuition: 2010-2011 School Year

Kindergarten through 8 <sup>th</sup> Grade	\$3,400.00 / \$340 monthly
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### Terms of Payment:

Annual tuition may be divided into ten (10) equal payments. The first payment is due on *AUGUST 1, 2010*, and successive payments are due on or before the 10<sup>th</sup> of each month thereafter. There will be a \$25.00 late fee after the 10<sup>th</sup> and a \$35.00 fee on all returned checks. (Fees are not negotiable)

**\*\*All ACCOUNTS MUST REMAIN CURRENT FOR STUDENTS TO ATTEND\*\***

The registration fee, material fee, and the first month's tuition are non-refundable. All material remains the property of RiverWalk Christian Academy until the end of the school year unless the student leaves with their account paid in full. By signing this form I agree to the above scheduled fees for services provided.

For official use only:
_____
Date of Registration
_____
Date of Termination Status

## RiverWalk Christian Academy

### Enrollment Application

Please fill in application completely and legibly

Childs Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F Phone # \_\_\_\_\_

Enrolling Parent/Guardian Name \_\_\_\_\_

(Last Name) (First Name) (Initial)

Relationship to Child \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Work hours \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Last Name) (First Name) (Initial)

Relationship to child \_\_\_\_\_ Drivers License # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work# \_\_\_\_\_ Ext. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Work hours \_\_\_\_\_

Parents Marital Status: Married Divorced Single Primary Residence: Both Mother Father Guardian

Guardian child lives with: \_\_\_\_\_ Relationship \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

May non custodial parent pick up the child? Yes No

RiverWalk Christian Academy must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

The child will be released only to the people on this application and the following persons:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

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

For official use only:

\_\_\_\_\_  
Date of Registration

\_\_\_\_\_  
Date of Termination Status

## RiverWalk Christian Academy Enrollment Application

Continued

Child's Name \_\_\_\_\_

(Last)

(First)

(Middle)

Child's Physician \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency Contact other than parents \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you currently attend church? Yes No If so where: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

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

**\*\*\*Note please notify the school immediately if any information changes such as phone numbers addresses etc.**



## RiverWalk Christian Academy After Care Procedures and Fees

Aftercare services are provided for students who are unable to be picked up at the conclusion of the regular dismissal times. These services are fee based and can be pre-paid in order to receive the discounted rate. **Any child who remains on campus at the end of dismissal time will automatically be sent to the aftercare program and the parent will be charged.**

### After Care Times

**Mon. Tue. Thurs. Fri      3:15 p.m. through 6:00 p.m.**

**Wed (early dismissal)    2:15 p.m. through 6:00 p.m.**

### After Care Fee Schedule

**\$7.00    per day attended if not prepaid**

**\$35.00    per week attended if not prepaid**

**\$15.00    late fee if pick-up is from 6:00 to 6:15 p.m. and additional late fee of  
\$ 5.00 for every 5 minutes thereafter**

### **\*\*\* Discounts \*\*\***

**\$30.00    per week if paid in advance                      Save \$5.00**

**\$110.00    per month if paid in advance                      Save \$30.00**

### Program Guidelines

Children attending aftercare services will be given a snack and juice upon arriving. If a parent chooses for their child to have any additional food items during this time they are encouraged to pack additional food in their school lunch.

Parents or assigned persons picking up their child from aftercare will be required to sign their child out before leaving.

Aftercare services are considered a school program and therefore all student procedures as outlined in the student handbook apply and will be enforced.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## **RiverWalk Christian Academy**

### **Conditions for Acceptance and Continued Enrollment**

**I understand that my child's acceptance at RiverWalk Christian Academy is a privilege and is not based upon race, color, sex, or national origin. I also understand that as the condition to acceptance and continued enrollment, I agree to provide truthful information, and comply with the following standards:**

- Parents who are called upon to address situations with their student during school hours will be expected to respond and work with administration. Parents will also be required to sign and return all discipline forms issued by staff, and administration.
- I will provide all requested documents, and information needed by school administration to include: Birth Certificate, Physical Examination Report, Certificates of immunization (HRS 680), Social Security number, etc.
- I will abide by the decision of the school administration with regard to acceptance and level placement of my child.
- I will insure my child brings all personal supplies needed for the classroom, and has a lunch daily.
- I will see that my child is dressed in accordance with the school dress code every day.
- I understand that the school does not maintain a nurse or infirmary on the campus. In the event my child suffers injury or becomes ill while at school, I give my permission to the school to render emergency treatment to my child and further authorize the school to arrange for professional emergency medical or surgical treatment.
- My child has permission to participate in visual, hearing, and dental screenings conducted by the Seminole County Health Department.
- My child may appear in publicity photos and videos taken on behalf of the school.
- I understand that no grades, certificates, or transcripts will be released if my account is delinquent and RiverWalk Christian Academy is at liberty to sell off any uncollected debt for services rendered. It will also be my responsibility to insure that contact is made with school administration before deviating from the pre described payment plan I am on.
- I understand that report cards and grades are not released to students who have any outstanding fees due. This includes lunch monies, dollar denim, or other fees associated with school services. This retention of grades will be regardless of prior billing or short notice for fees that should be understood to be due by the parent.
- I understand the school assumes no liability for damages to vehicles or injuries to students or drivers being transported to or from school activities by private automobiles.
- I understand that the school may dismiss any student for failure to comply with any rules, regulations, or policies contained in the student handbook. As a parent I also agree to abide by the rules and policies stated therein and understand it is my responsibility to insure I am fully aware of these procedures. Failure on my part to become familiar with school rules will not exclude recourse or expulsion based on such violations. I also understand it is my responsibility to seek clarification on procedures prior to attendance.
- My child will be taught lessons each day from the Bible in which Jesus Christ will be presented as the Son of God and Savior of mankind.

**Name:** \_\_\_\_\_  
*(Parent or Legal Guardian)*

**Date:** \_\_\_\_\_

**By signing this form I declare to fully understand, and agree with the above guidelines.**



## RiverWalk Christian Academy Discipline Waiver / Truthful Disclosure

*At River Walk Christian Academy we believe every child deserves the right to learn in an environment that is free from disruptive and hostile attitudes. It is our desire to provide an atmosphere for your child that commends respect for authority, and establishes clear rules of conduct. As a parent we request your assistance to help reaffirm school rules and assist in gaining compliance. Parents who are called upon to address situations with their student during school hours will be expected to respond and work with administration. All incidents involving disruptive behavior will be documented and remain on file. Parents will also be required to sign and return all discipline forms issued by staff, and administration. Parents refusal to work with administration in regards to discipline issues will be considered criteria for removal of the student from the school.*

*Staff at River Walk Christian Academy will do all we can to assist your children with their education needs, however we are not equipped to provide the needed services for kids who have been previously assigned to behavioral programs, or have serious learning disabilities. It is for that reason that we retain the right to reject enrollment to our school based upon the above criteria. In cases where enrollment has been permitted we may discontinue allowing placement within the school if determined the student's needs exceed our capabilities, or if the student's performance and behavior exceed an acceptable level determined by administration. Falsification of records, or failure to truthfully provide information of your student's history in regards to previous placements, or behavior incidents will be terms for immediate removal from the school.*

**Has your child previously attended or been assigned to behavioral, or ESC classes?**

- No  
 Yes / if yes,

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Details:** \_\_\_\_\_

**Has your child ever been suspended or expelled from a prior school?**

- No  
 Yes / If yes,

**When:** \_\_\_\_\_

**Where:** \_\_\_\_\_

**Details:** \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Witness / RWCA Staff)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*By signing this form, I agree to the guidelines set forth and understand the above policy as it pertains to disclosure of student history. I also declare the above provided information to be complete and truthful.*

# RiverWalk Christian Academy

## DRESS CODE

*The following guidelines are to be followed as it pertains to the student dress code while attending RiverWalk Christian Academy, or school functions. For the full guidelines review the student handbook and policies.*

### **All students are required to wear a plain navy, light blue, or white polo style shirt.**

- Shirts must fit properly and must be tucked in neatly at all times.
- Shirts must have no designs, visible labels, or writing on them.
- Shirts may have short or long sleeves.
- Undershirts must be either white or the same color as the outer shirt with no designs or writing on them.

### **Boys are required to wear navy or khaki slacks or shorts.**

- The slacks must be uniform style. (polyester/cotton twill)
- They must fit properly. No baggy pants, cargo pants, or extra pockets.
- Shorts are to be four inches above the knee cap.

### **Girls are required to wear navy or khaki slacks, skirts, skorts, or jumpers.**

- These items must be uniform style (polyester / cotton twill)
- They must fit properly. No baggy pants, tight fitting pants, cargo pants, extra pockets, or capri pants.
- Skirts, skorts, and jumpers worn must not be higher than four inches above the knee

### **All students will be required to have the following.**

- A plain belt (brown, navy, or black) must be worn with all apparels having belt loops.
- Tennis shoes are requested for all students and required for P.E.
- Socks are to be worn with all foot wear.
- Jackets or sweaters worn must be solid in color with no writing or designs. They must be open in the front so that a proper uniform is visible.

### **Other Guidelines:**

- Boys may not wear earrings
- Girls may not wear more than two earrings in each ear and may not exceed the size of a quarter.
- Body piercing and tattooing is prohibited (both boys and girls).
- Boys hair must be neatly trimmed and of modest length (not covering bottom of ear and or over top of shirt collar, afro hair cannot exceed three inches in height.)
- Ponytails or braids are unacceptable for boys.
- Extreme hair cuts and hair colors are considered unacceptable.
- No hats are to be worn inside the school.
- Jewelry and accessory items need to be modest. Jewelry with offensive symbols such as peace symbols, pentagrams, etc are unacceptable as well as the wearing of excessive amounts of jewelry. (RiverWalk Christian Academy is not responsible for lost, stolen, or damaged jewelry items worn by attending students.)

**UNIFORM VIOLATIONS WILL RESULT IN A UNIFORM VIOLATION FEE OF \$1.00 BEING CHARGED FOR EACH VIOLATION. PARENTS ARE TO CORRECT ANY ISSUES AND RETURN THE FEEL THE FOLLOWING SCHOOL DAY. REPEAT VIOLATIONS OR CLOTHING DEEMED INAPPROPRIATE BY ADMINISTRATION WILL RESULT IN DENIED ATTENDANCE INTO THE CLASS UNTIL THE UNIFORM IS BROUGHT TO THE SCHOOL.**



## Student Injury Waiver

This Form Must Be Notarized

I hereby grant permission for \_\_\_\_\_ who is my child, to participate in any extracurricular activities. I waive, release, absolve, and hold blameless RiverWalk Christian Academy, its administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities, and other participants from any claim arising out of injury or sickness to my child.

\_\_\_\_\_  
Signature of parent or legal guardian      \_\_\_\_\_  
Driver's license #      \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF FLORIDA  
County of Seminole

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
who is known to me to be the individual described in and who executed same.

\_\_\_ Personally Known

\_\_\_ Produced Driver's License

\_\_\_\_\_  
NOTARY PUBLIC



## Medical Release Form

This Form Must Be Notarized

### To Emergency Personnel:

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which cannot be administered without my consent, and in the event that I cannot be reached. I hereby authorize, appoint, and empower the Principal or his/her designee, to furnish on my behalf such written or oral authorization as may be so required. Further I release the Administration or his/her designee, and RiverWalk Christian Academy (a ministry of RiverWalk Church of God) from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date

STATE OF FLORIDA

County of Seminole

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_, who is known to me to be the individual described in and who executed the same.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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**ADDITIONAL INFORMATION**

Please fill out completely

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all medication child may be allergic to: \_\_\_\_\_

List all medication child takes on a regular basis: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child had Chicken Pox? \_\_\_\_ Yes \_\_\_\_ No

Is there any medical reason why your child cannot participate in the physical education program? \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT NUMBERS: (List in the order you would like us to call)

1<sup>st</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_

3<sup>rd</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_

4<sup>th</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_

5<sup>th</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_

6<sup>th</sup> Name: \_\_\_\_\_ Number \_\_\_\_\_



**Authorization For Non-Prescription/Prescription Medical Treatment**  
This Form Must Be Notarized

In emergencies, RiverWalk Christian Academy will assist parents by administering over-the-counter non-aspirin products if the following conditions have been met:

- A. Parent signs below stating that his/her child is not allergic to non-aspirin medication.
- B. The child complains of a headache or some other malady for which a pain reliever is commonly used.

In addition, RiverWalk Christian Academy will make every effort to notify the parent(s) before any non-prescription medication (non-aspirin pain reliever type and dosage commensurate with age and weight of child) is administered.

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I, \_\_\_\_\_ hereby authorize RiverWalk Christian Academy staff and/or Chaperones to administer Tylenol or any non-prescription / prescription medical treatment for \_\_\_\_\_, my minor child.

Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's present medications: \_\_\_\_\_

Child's medical conditions: \_\_\_\_\_

Child's food allergies: \_\_\_\_\_

Child's drug allergies: \_\_\_\_\_

Child's other allergies: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF FLORIDA  
County of Seminole

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

\_\_\_\_ Personally Known

\_\_\_\_ Produced Driver's License

\_\_\_\_\_  
NOTARY PUBLIC