

RIVIERA CHRISTIAN SCHOOL

Continuous Enrollment Registration for 2018-19 (Feb 1)

Child's Legal Name: _____ Date of Birth _____

Preferred Name: _____ Circle One: Boy or Girl

Email Address _____

I would like to enroll my child in the _____ class

Home Address: _____

City/State/Zip Code: _____

Cell Phone: _____ Home Phone (if applicable): _____

Allergies Y N explain _____

Previous school attended (if other than RCS): _____

Father's Name: _____ Living with child? Yes ___ No ___

Occupation/Employer: _____ Business Phone: _____

Work Address: _____

Mother's Name: _____ Living with child? Yes ___ No ___

Occupation/Employer: _____ Business Phone: _____

Work Address: _____

Siblings (include names/ages): _____

List any other helpful information: _____

Do you give RCS permission to use your child's picture on the school website or any other promotional material (if names are not listed)? Yes ___ No ___

List three people that are authorized to pick up your child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

*Of the 5 contacts listed, please place a number, 1 being first priority, to contact in case of emergency

Parent Signature: _____ Date: _____