

Registration Form for 2020-2021

Child's Legal Name _____ DOB _____ **circle** Boy or Girl

Preferred Name _____ ****2020-2021 Grade**** M/W/F PreS (3 yr) T/Th PreS(3 yr)

M/W/F PreK(4 yr) T/Th PreK(4 yr) K 1st 2nd 3rd 4th 5th CC

Home Address _____ City _____ Zip _____

Father's Name _____ Living with child Y or N Employer _____

Dad's Cell _____ Cell Carrier _____ Text: Y or N

Dad's Email Address: _____

Work # _____ Work Address _____

Mother's Name _____ Living with child Y or N Employer _____

Mom's Cell _____ Cell Carrier _____ Text: Y or N

Mom's Email Address: _____

Work # _____ Work Address _____

Home Number _____

Please let us know which parent will be receiving RCS statements: _____

Allergies: **Y N explain** _____

Previous school attended if other than RCS _____

(Optional) Family Church _____

Sibling Names/Ages: _____

List 3 people (other than parents) that are authorized to pick up your child from school or called in case of an emergency/injury or illness.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Do you give permission for photos, of your child to be used on the RCS website, social media, or other promotional materials? - **Yes or No (select one)**

Do you give permission to put your information in the school directory?

Mother Only Father Only Both **Circle one**

Address - **Yes No** Phone-**Yes No** Email-**Yes No**

My Child's Physician _____ **Phone** _____

My Child's Dentist _____ **Phone** _____

Insurance Carrier _____ **Policy #** _____

Primary Insured _____ **Group/Plan ID #** _____

Field Trip Permission/General Release: By signing at the bottom of the page I hereby give my permission for my child to attend all class field trips and RCS activities. More detailed information will be sent home by the child's teacher or RCS before each event. **(One parent signature is fine for permission)**

In the event of an emergency, by signing at the bottom of this form, I hereby give my permission to RCS to obtain:

- Medical treatment, if the staff deems it necessary, at my expense
- Transport by ambulance, if necessary, at my expense

Parent Signature: _____ **Parent Signature:** _____

