



RIVER CHURCH ACADEMY

1100 E. GRAND AVE., HAYSVILLE, KS 67060 316-524-4981

DATE _____

Registration Form

CHILDREN'S INFORMATION (FOR WHOM PLACEMENT IS BEING REQUESTED)

Name	Nickname	Gender	Age	Birth Date

Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Full Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Employer _____ Address _____

Work Hours _____ to _____ Days of week: M T W TH F Work Phone _____ ext. _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Employer _____ Address _____

Work Hours _____ to _____ Days of week: M T W TH F Work Phone _____ ext. _____

Parent/Guardian's Marital Status: Married _____ Single _____ Divorced _____ Widowed _____ Other _____

Special Instructions on how to reach Parents/Guardians: _____

Parent/Guardian with legal custody: _____

Circle who child lives with: Mother Father Both Parents Guardian Foster Family

Church affiliation: _____ Do you attend regularly? Yes No

EMERGENCY CONTACTS/ PICK UP INFORMATION (LIST IN ORDER OF PREFERENCE)

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. Persons listed must reside within a 20-mile radius and be at least 18 years of age.

Note: Anyone picking up your child must have picture ID.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

List below those persons who Do Not Have Permission to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Reason: _____

Name: _____ Phone: _____ Relationship: _____

Reason: _____

MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Regular Medications: _____

Medicine Allergies: _____

Food Allergies: _____

Any other Allergies: _____

List any existing medical conditions: _____

Photographs: May we take and maintain photos of your child for school purposes only? ___Yes ___ No

I agree to promptly notify the Director of River Academy Childcare Center if any of the above information changes. By signing this Registration Form I agree that all the above information provided herein is correct. Providing false information shall result in forfeiture of enrollment fee, tuition and/or termination of child-care services.

Parent/Guardian's Signature: _____ Date: _____