



Students Name:		Enrolling in GRADE:	
STREET:	CITY:	STATE:	ZIP:
PHONE:	Date of Birth:		Gender:
STUDENT SOCIAL SECURITY #:			
EMAIL:			
STUDENT CHURCH MEMBERSHIP:		DENOMINATION: <i>Pastor's Name</i>	
BAPTISM / DEDICATION DATE:		LIST ADDRESS IN SCHOOL DIRECTORY? Y N	
		LIST PHONE IN SCHOOL DIRECTORY? Y N	

FATHER'S / Guardian NAME:

HOME PHONE:	BUSINESS PHONE:
OCCUPATION / TITLE:	Company:
CHURCH MEMBERSHIP:	

MOTHER'S / Guardian NAME:

HOME PHONE:	BUSINESS PHONE:
OCCUPATION / TITLE:	Company:
CHURCH MEMBERSHIP:	

Education Information:

School attended last _____ How long _____

Address: _____ Principal _____

City/State/Zip: _____ Phone _____

Fax #: _____ Reason for leaving _____

Has your child ever been involved in a remedial class? _____ Subject _____

Has your child ever been involved with a tutor? _____ Subject: _____

Has your child ever been involved in an advanced class? _____ Subject _____

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc. _____ If yes please explain _____

Does your child have any special visual, hearing, motor, or other type physiological or psychological difficulty of which we should be aware to most effectively educate your child? _____

Does your child have any specific allergies? _____ Is your child on any special medication? Please elaborate _____

Is there any specific difficulty your child is experiencing at school? _____

Persons permitted to pick up student other than Parents/ Guardians listed

<i>Name</i>	<i>Name</i>	<i>Name</i>
<i>Relation</i>	<i>Relation</i>	<i>Relation</i>



<i>Sibling Enrolled in RCCA</i>			<i>How did you hear about Risen Christ Christian Academy</i>
<i>Name</i>	<i>Gender</i>	<i>Birthday Grade</i>	
			<i>Who can we thank for referring you to our school?</i>

Non-Refundable Registration / Technology Fee for each student is to be paid with this enrollment package.

Registration/ Technology Fee	\$100.00
Kindergarten Tuition	\$425 x 12 months (\$5,100/year)
Grades 1 - 4 Tuition	\$450 x 12 months (\$5,400/year)
Grades 5 - 8 Tuition	\$460 x 12 months (\$5,520/year)
Grades 9-12 Tuition	\$475 x 12 months (\$5,700/year)
International Students Tuition	\$12,000
After Care Registration	\$60.00 Aftercare Weekly Fee \$50.00
Sports Registration Fee	\$75.00

I/We _____ (Parents /Guardians) of _____ agree to pay Risen Christ Christian Academy according to the following payment plan and method, for educational services provided this student during the _____ school year.

<input type="checkbox"/> ONE (1) PAYMENT OF \$ _____, PAID AT ENROLLMENT.
<input type="checkbox"/> TWO (2) PAYMENTS OF \$ _____ EACH, PAID AT ENROLLMENT AND BEFORE 1/3/2022
<input type="checkbox"/> TEN (10) MONTHLY PAYMENTS OF \$ _____ EACH, AUGUST THROUGH MAY.
<input type="checkbox"/> TWELVE (12) MONTHLY PAYMENTS OF \$ _____ EACH, JULY THROUGH MAY.

Payment Method:

- Personal Check - I will pay by personal check on or before the 10th of each month.
 - Credit or Debit (ACH) Card - I authorize the payment(s) chosen to be automatically billed to following card between the 1st and 5th of the month.
- All credit card transactions are subject to a 3.5% fee.

Debit (ACH) Transactions - *Please complete the following and submit a voided check:*

NAME ON ACCOUNT:	PHONE NUMBER:
BILLING ADDRESS ON ACCOUNT:	BANK NAME:
ROUTING #:	ACCOUNT #:

Credit Card Transactions - *Please complete the following:*

NAME ON ACCOUNT:	PHONE NUMBER:
ACCOUNT NUMBER:	ZIP CODE:
EXPIRATION DATE:	CVV #:

I understand that late payments or returned payments could result in additional fees and that failure to adhere to this payment plan could result in the student's expulsion.

Authorized Signature Authorizes Signature Date Staff Initial _____
Registration fee: Check # _____ Date _____