

Rush Creek Christian Academy- Student Enrollment
2401 SW Green Oaks Blvd Arlington, Texas 76017
817-465-3175 Academy@rcccdoc.org
Academy Director: Brandy Pollifrone

Student's Full Name _____ Name Used _____
Sex: M F Birth date _____ Date of Enrollment _____

Home Phone _____

Email address _____
Address _____ City _____ Zip Code _____

Mother's Name _____ Father's Name _____
Mom cell _____ Father's cell _____
Parent Address _____

Mother's Employment _____ Phone _____
Father's Employment _____ Phone _____

Mother's SS # (Last 4 digits) _____ D.L. # _____
Father's SS # (Last 4 digits) _____ D.L. # _____

If Parents cannot be reached in case of emergency, notify (must be local)

Name _____ Relationship _____ Phone _____
Address: _____

Name _____ Relationship _____ Phone _____

Pickup Authorization: My Child may be released to the persons listed below (other than parents)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please initial each statement:

I have read the parent handbook, which states policies and procedures and discipline guidance overview _____.

I understand that tuition is due on the 1st of the month and late after the 7th _____.

I understand that all registration/deposit fees are non-refundable _____.

Parent Signature: _____ Date: _____

Rush Creek Christian Academy
Medical Information/Release

Child Name _____ Sex M F Date of Birth _____

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800-514-0301 (voice) or (800)-514-0383 (TTY).

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____

Phone: _____

Name of Emergency Hospital Facility: _____

Address _____

Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. **Parent Signature** _____

_____ The parent provides meals and snacks and we are not responsible for the nutritional value.

_____ We reserve the right to withdraw a child if we are unable to meet their needs.

_____ I give RCCA permission to use pictures of my child in marketing areas or school projects.

Parent Signature: _____ Date: _____