

Student Enrollment Card

School Year 20__ - 20__



New Returning

Grade Applying For: _____ (Please type or print legibly in black or blue ink)

LAST NAME OF STUDENT _____ First Name: _____ Middle Name: _____
Street: _____ Home Phone: (____) ____ - ____
City: _____ State: _____ Zip Code: _____
Gender: _____ Race: _____ Age: _____ Birthdate: ____/____/____
M. D. Y
Church You Attend: _____

PARENT A Lives with Student: Yes No Cell Phone # _____
Last Name: _____ First Name: _____ Mr. / Mrs. / Ms. / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph: (____) ____ - ____ Ext. ____
Company Name: _____
Email Address: _____ Authorized Pickup: Yes / No

PARENT B Lives with Student: Yes No Cell Phone # _____
Last Name: _____ First Name: _____ Mr. / Mrs. / Ms. / Dr. / Rev.
Rel. to Student: _____ Occupation: _____ Work Ph: (____) ____ - ____ Ext. ____
Company Name: _____
Email Address: _____ Authorized Pickup: Yes / No

TUITION PAYER (If different from Parent A. Parent A will be billed unless otherwise indicated.) Cell Phone # _____
Last Name: _____ First Name: _____ Mr. / Mrs. / Ms. / Dr. / Rev.
Street: _____ Home Phone: (____) ____ - ____
City: _____ State: _____ Zip Code: _____
Rel. to Student: _____ Authorized Pickup: Yes / No Work Ph: (____) ____ - ____ Ext. ____

OTHER CONTACTS (Emergency) Contact #1 Authorized Pickup: Yes / No Contact #2 Authorized Pickup: Yes / No
Contact #1: _____ Rel. to Student: _____ Ph. # (Day): (____) ____ - ____
(Please circle one: Home, Cell, or Work)
Contact #2: _____ Rel. to Student: _____ Ph. # (Day): (____) ____ - ____
(Please circle one: Home, Cell, or Work)

BEFORE SCHOOL (Please check box) **AFTER SCHOOL** (Please check box)
Service Desired: Extended Time Service Desired: Extended Time

PERSONS AUTHORIZED TO PICK UP MY STUDENT FROM SCHOOL (Other than parents – Please list names & relationship)
#1 _____ #2 _____
#3 _____ #4 _____

MEDICAL HISTORY (LIST ALL THAT PERTAINS TO YOUR STUDENT WITH AN EXPLANATION IF POSSIBLE, EXAMPLE – NO HEALTH PROBLEMS)
STUDENTS PHYSICIAN: _____ ADDRESS: _____ PHONE: _____
CURRENT MEDICAL DIAGNOSIS: _____ TYPE OF ALLERGY: _____ ALLERGIC TO: _____
COMMENTS: _____
MEDICATION REQUIRED: _____ HOW OFTEN: _____ ARE IMMUNIZATIONS UP TO DATE?: YES / NO

VOLUNTEER: Please check as many areas that you would be interesting in volunteering
 Sport Events Performance Programs Classroom/teacher helper Open House Fundraiser events
 Beautification Projects: Expertise _____
 Coach/Asst. Coach for all grade levels for sports: List sport(s) _____
 List any other areas that you would like to help: _____

PARENT(S) SIGNATURE REQUIRED ON BACK **NOTE: IF ONE Parent is signing, sign as Sole Guardian**

FOR OFFICE USE ONLY:	Date Rec'd: _____	Time: _____	WL (Yes/No)
Amt Rec'd: _____	Starting Date: _____	Interview Date: _____	
Check #: _____	Test Date: _____	Interviewer: _____	
Reg. Fee: \$ _____		OFF WL Date _____	

**ROCK CREEK CHRISTIAN ACADEMY
ENROLLMENT AGREEMENT & STATEMENT OF COOPERATION**

Cooperation: I hereby enroll a minor as a student at Rock Creek Christian Academy, a non-profit religious and educational ministry of Rock Creek Baptist Church. After the completion of this form, I agree to notify the School in the event of any change in the information supplied. I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Rock Creek Christian Academy. I understand that my child's attendance is a privilege, not a right; and I agree that my student and I will fully comply with the policies and procedures of the school. If at any time his/her conduct, academic progress, or the parent's cooperation with the school or its authorities is not in keeping with the requirements, the school reserves the right to terminate, at its discretion, my child's enrollment. I agree that if my child should become involved in any difficulty at school, I will not raise the issue with other parents, but if necessary, with a prayerful Christian spirit, I will raise the issue with the appropriate school representative.

School Policies: I understand that to maintain appropriate flexibility, the School has the right to modify the school calendar, curriculum, academic and nonacademic programs, policies, procedures, and publications at any time, in its sole discretion. The use of my child's photograph and information in school publications, website, etc., is authorized without compensation or fee.

Tuition: I agree to pay all tuition due/owed for my student in a timely manner in accordance with the current tuition payment schedule. I agree that if I fail to do so, the School may charge me a late-payment fee and/or may suspend or expel my student in its sole discretion, and any RCCA Athletic Scholarship will be forfeited. I agree that should my account become delinquent and should routine collection efforts by the School be unsuccessful, I will pay a late charge of 20% of the amount of tuition and other fees outstanding. If a collection agency and/or an attorney is acquired, I am responsible for any and all fees for that collection agency and/or attorney's fees. I agree that if my student withdraws from, is expelled, or discharged from, or otherwise ceases to attend the School; I will be obligated to pay the full tuition and fees for the entire academic year and will not receive any refund of any application or other fees and tuition payments. I agree that my child may not graduate and/or the School may refuse to provide any diploma, report cards, transcripts, and/or other records for my child until I have paid in full all tuition and other fees and charges owed.

Permission and Release for School Activities: I give permission for my student to take part in all School activities, including sports programs and school sponsored trips away from School premises. I understand that the School takes every precaution to ensure the safety of all students during field trips. I understand and appreciate the nature of these activities and the potential risks, and I certify that my child is physically and mentally able to safely engage in these activities, and hereby release and forever discharge Rock Creek Christian Academy and its officers, employees, volunteers, and agents, of and from any and all manner of claims, demands, rights, actions and causes of actions of whatever kind and nature, in law or in equity, known and unknown, that each ever had, now has, or may have arising from our child's participation in these activities. I further agree to hold the School and its officers, employees, volunteers, and agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the School or any agent thereof because of any injury or alleged injury to my child. Should legal actions, for any reason, be taken against Rock Creek Christian Academy or any officer,

employee, volunteer, or agent thereof, on my child's behalf, and the School or its officers, employees, volunteers, and agents not be found at fault, I agree to pay any attorney fees, court fees, damages and/or any other costs that the School or its officers, employees, volunteers, and agents should incur to defend itself against such action.

Governing Law; Severability: This agreement shall be governed and construed in accordance with the laws of the State of Maryland. Should any provision of this agreement be held to be void, invalid or inoperative, the remaining provisions of this agreement shall not be affected and shall continue in effect and the invalid provision shall be deemed modified to the least degree necessary to remedy such invalidity.

Admission: Submission of this form indicates a serious interest in applying to Rock Creek Christian Academy. Families/students no longer interested in being considered for admission should submit a written request to cancel their application. Applications may be offered the opportunity to be placed on the waiting list and will be mailed a waiting list agreement and final notification information. Decisions will be released on a rolling basis.

I HAVE READ AND AGREE TO COMPLY WITH THIS AGREEMENT AND STATEMENT OF COOPERATION:

Signature of Parent A

Signature of Parent B

Signature of Sole Guardian: _____

STUDENTS IN GRADES 4-12 ONLY:

Please list below as references three persons (not including your relatives) who are well acquainted with the student:

Name	Address	Telephone #
_____	_____	_____

NEW STUDENTS IN GRADES 7-12 ONLY:

Is this student now or has this student ever been under supervision of a parole officer or under the custody of juvenile or other courts? _____.

Has this student ever had a police record? _____. If so, give dates and the complete name and address of the judge or probation officer.

Has the student ever been expelled from school? _____

Rock Creek Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at school. Rock Creek Christian Academy does not discriminate based on race, color, national, or ethnic origin in administration of its educational policies, admission policies, scholarship programs, and athletic and other school-administered programs.