



APPLICATION
\$50.00 Nonrefundable Initial Application Fee

Student(s) Information:

Child's Name: _____
Nickname: _____
Date of Birth: _____ Sex: _____ Age: _____

Child's Name: _____
Nickname: _____
Date of Birth: _____ Sex: _____ Age: _____

Parent(s) or Legal Guardian(s):

Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer: _____
Address: _____
Work Phone: _____ Mobile Phone: _____
Email address: _____
Home Phone: _____

Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer: _____
Address: _____
Work Phone: _____ Mobile Phone: _____
Email address: _____
Home Phone: _____



ACADEMY HOURS. RECA shall provide preschool services Monday through Friday from 6:30 am until 6:30 pm. The Parent(s) shall pay preschool fees based on this schedule at the rate of \$300.00 per week for each child (or appropriate discounted fees).

AUTHORIZED TO PICK UP CHILD. The following person(s) has authority to pick up the child(ren):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

The Parent(s) shall inform RECA in advance if someone other than the Parent(s) or person(s) listed above will pick up the child(ren). The following person(s) does not have authority to pick up the child(ren):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____



EMERGENCY CONTACTS. In case of an emergency, RECA will first try to reach the Parent(s). If the Parent(s) cannot be reached, RECA will then contact the following person(s) in the order listed below:

Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer: _____
Address: _____
Work Phone: _____ Mobile Phone: _____
Email address: _____
Home Phone: _____

Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer: _____
Address: _____
Work Phone: _____ Mobile Phone: _____
Email address: _____
Home Phone: _____

MEDICAL TREATMENT. If the child(ren) becomes ill, RECA will first try to reach the Parent(s). If the Parent(s) cannot be reached, RECA may contact the child(ren)'s physician:

Name of Physician: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____



Rejoice Evermore Christian Academy is authorized to provide the physician or a representative of the physician with the following medical information:

Hospital Preference: _____

Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Dr. Myrna Myers, Director **Date** _____

And

Parent or Legal Guardian **Date** _____

Parent or Legal Guardian **Date** _____