Ruskin Christian School

820 College Avenue W. - Ruskin, Florida 33570
Office: 813-645-6441 Fax: 813-641-2073

For Office Use Only
Date Enrolled _____
Method of Payment_____
Grade Level_____
Preschool Only (Payment)
_____Weekly _____Monthly

2010-2011 Student Registration Form

PLEASE PRINT:

Student Name:_____
First MI Last

_____
Preferred Name Social Security # Birth Date

*Sex: _____ Male _____ Female *U.S. Citizen: _____ Yes _____ No *Race:_____
(*Not a factor for acceptance purposes)

Current Grade or Last Grade Completed:_____

Last School/Day Care Attended:_____Address:_____

School Phone #:_____

If registering for preschool, please check one: _____ Half Day _____ Full Day

If registering for K5, please check one: _____Half Day _____ Until 3 p.m. _____ Until 6:00 p.m.

Parent/Guardian Information:

Father/Guardian	Mother/Guardian
Address_____ City/State/Zip_____ Home Phone	Address_____ City/State/Zip_____ Home Phone
Mobile Number	Mobile Number
Employer	Employer
Work Number	Work Number
E-Mail	E-Mail
Child lives with _____ both parents _____ father _____ mother Other_____	
Who is responsible for the school bill?	

Emergency Information (If a parent/guardian cannot be reached):

Contact 1	Contact 2
Name_____ Relationship to child	Name_____ Relationship to child
Home Phone	Home Phone
Work Number	Work Number
Mobile Number	Mobile Number

Church Information:

Medical Information:
Child's Physician:_____ Phone:_____

Are immunizations current? ___ Yes __ No Last date of tetanus_____

Allergies:_____

Insurance Information:
Company Name:_____ Policy Number:_____

Phone Number:_____

Emergency Release:
We authorize RCS, as temporary guardian, to obtain medical or surgical emergency care for our child, _____.
(student name)

Statement of Cooperation: Please initial next to each statement and sign this form below in the Signature and Notary section indicating your agreement and understanding of the policies set forth.

1._____I understand that my child will be taught Biblical principles in accordance with the Statement of Faith of the First Baptist Church of Ruskin (www.fbcruskin.com).

2._____As parents, we agree, in accordance with the principle of Matthew 18:15-17, to bring any and all questions and criticisms to the person most directly involved. If we have a question about a specific classroom action or procedure, we will contact the appropriate teacher. If a satisfactory conclusion is not reached, we will then contact the principal.

3._____I agree that RCS has full discretion in the discipline of my child while under school supervision. I understand that attending RCS is a privilege and that RCS has the right to dismiss my child if it is determined by the school administration that he or she is not cooperating with the spiritual, educational, and moral objectives of the school.

4._____I understand that, as a parent, my cooperation and attitude with the faculty and staff must be in good standing. I understand that my child could be dismissed from RCS due to my actions and behavior against the school.

5._____I agree to notify the school principal if I cannot honor my financial obligations to the school. I understand that if I default on my financial obligations to RCS, I will be held responsible for the balance due in addition to a collection agency fee.

6._____I give permission for the school to use school-related photos of my child in publications, advertisements, and on its website.

7._____I give permission for my child to participate in all school activities, including but not limited to, sports and school sponsored field trips, and absolve the school and church of any liability to me or my child in case of accident or injury to my child while on campus or during any school sponsored outing.

8._____I understand that if I, or any agent acting in my behalf or on behalf of my child, brings any legal action against the school or its agents and such legal action is found in favor of the school or its agents, I will be responsible to pay all legal fees and other expenses related to such action.

9._____I agree to attend Parent Orientation and Parent/Teacher Meetings as scheduled throughout the year.

Parent/Guardian Signature and Notary:

_____
Father/Guardian And/or Mother/Guardian

_____
Drivers License # Drivers License #

Sworn to and subscribed before me this _____ day of _____, _____ year.

Signature of Notary_____ My Commission Expires:_____