

**FOR SCHOOL YEAR -2020-2021**  
**River City Christian School**  
**Pre-K (3-4) Student Intake Form**

Age \_\_\_\_\_

**Parents, please bring**  
**[ ] \$25.00 Consult Fee**  
**[ ] Consultation Form (website)**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female      Toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Present care facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best method of contact: \_\_\_\_\_

How did you hear about RCCS? \_\_\_\_\_

Does your child have a diagnosis? \_\_\_\_\_

Please describe any problems in other care facilities: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Please circle the appropriate response:

Medications	Yes	No
Suspended	Yes	No
Expelled	Yes	No
Behavior Plan	Yes	No
History of Aggression	Yes	No

Please explain any "Yes" responses: \_\_\_\_\_

\_\_\_\_\_

We are a Christian school; do you have any questions about what we believe? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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Office use only:

Interview Conducted by: \_\_\_\_\_ [ ] Phone [ ] Walk-In

[ ] Parent Interview and Tour Date: \_\_\_\_\_ Time \_\_\_\_\_

[ ] Child Interview and Tour Date: \_\_\_\_\_ Time \_\_\_\_\_