



**RIVER CITY CHRISTIAN SCHOOL
Early Learning Center**

Dear RCCS Pre K Parent:

Welcome to River City Christian School Early Learning Center, where “with God, all things are possible!” We appreciate the opportunity you have given us by placing your precious child at RCCS. The faculty and staff of RCCS look forward to educating and ministering to your child this school year. We are committed to the success of your child in his/her academics, spiritual growth and social well-being. It is our heartfelt prayer that your child will have the best educational experience here at RCCS-ELC.

If you have any questions or prayer needs during the school year, please call me or one of our staff members and we will be happy to assist you. RCCS-ELC is a Kingdom school and we know that where God’s Kingdom is welcomed, miracles happen!

Please take some time to complete all the forms in this Enrollment Packet. We also request copies of any psychological evaluations/testing dated within the last three years. This information will help us provide the best educational environment for your child. Our goal is to educate the whole child and we offer many programs that will help us reach this goal. We look forward to the year ahead and to assisting your child to become all God has purposed him/her to become!

Serving Christ,

Ezzard G. Castillo, M.Ed., MA
Administrator

River City Christian School Early Learning Center Enrollment Packet Checklist

Student Enrollment at River City Christian School Early Learning Center (RCCS-ELC) is determined by the following procedure:

1. Administrator meets with prospective parents/students for a consultation interview.
2. Review of psychological/psychiatric and educational records identifying student's learning disability and/or diagnosis;
3. Approval of Enrollment by the RCCS-ELC Admissions Screening Committee

All documents and records requested below must be completed and turned in to the School Registrar before student starts school.

Please use the following checklist to ensure proper completion of the Enrollment Packet:

- General Enrollment Policy
- Statement of Cooperation
- Financial Information
- Emergency Contact Form
- Student Medical Information – PARENT FORM
- Medication Distribution Consent – PARENT FORM
- Diagnosis and Prescribed Medication – PHYSICIAN FORM
- Care Facility Reference – completed by prior facility, etc. & returned directly to RCCS (if applicable)
- Personal Reference – completed by family friend, etc. & returned directly to RCCS
- Pastoral Reference – completed pastor/minister returned directly to RCCS (if applicable)
- Parent/Guardian Christian Experience (turn in with this packet)
- *Immunization Records (State Required)
- *Birth Certificate (certified copy)*Social Security Card Number (copy)
- *Verification of Student Diagnosis with Psychological/Psychiatric and Educational Evaluations
 - o (Evaluations cannot be more than 3 years old)
- *Legally Binding Custody Papers copy (if applicable)

***Copies of these official documents must be returned with this completed Enrollment Packet.**

I understand that a **student is not officially enrolled** until all documents in this Enrollment Packet are completed, turned in and approved by the School Registrar.

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

River City Christian School Early Learning Center General Enrollment Policy

Enrollment at River City Christian School Early Learning Center (RCCS-ELC) is based on the following:

- The student and parent(s) agree to support education at RCCS Early Learning Center which is established upon the Christian perspective that asserts the Lordship of Jesus Christ.
- The student and parent(s) agree to support the use of Scripture in the classroom for the purpose of teaching student's moral guidelines for righteous living.
- The student and parent(s) agree to support faculty prayers for and/or with students enrolled at RCCS Early Learning Center.
- The student and parent(s) agree to all policies and procedures, rules and regulations of RCCS as set out in the River City Christian School Early Learning Center Family Handbook.
- The student agrees to demonstrate compliance to authority and a willingness to learn in the classroom.

Nondiscriminatory Policy

In accordance with River City Christian School Early Learning Center philosophy, RCCS-ELC admits students of any race, color, national or ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the school. River City Christian School Early Learning Center does not discriminate on the basis of race, color, national or other ethnic origin in administration of its educational policies, admission policies, tuition assistance policies and athletic and other school-administered programs.

Corporal Correction

River City Christian School does not administer corporal correction to any student.

Conditional Enrollment

If, for any reason, the student named herein is found not to be a suitable fit for River City Christian School Early Learning Center (RCCS-ELC), or if RCCS-ELC is found not to be a suitable fit for the student, RCCS-ELC reserves the right to discontinue educational services for this student.

By signing this document, we understand and agree to the terms and conditions of the policies and agreements herein listed.

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

Student Signature Date _____

River City Christian School Early Learning Center Statement of Cooperation

I/we give River City Christian School Early Learning Center (the Center) permission for my/our child to take part in all school activities and school-sponsored trips away from the school campus.

I/we also believe that discipline is necessary for the well being of each student, as well as for the entire school. I/we give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures and as described in the Family Handbook.

Because I/we voluntarily choose to send my/our child to River City Christian School Early Learning Center, I/we agree to practice Biblical commands and to make every effort to live at peace and resolve any dispute with the Center or representatives of the Center, in private or within the Christian community, in conformity with the Biblical injunctions of I Corinthians 6:1-8 and Matthew 18:15-20. Therefore, I/we agree that any claim or dispute with the Center, or a representative of the Center, arising out of school-related functions shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, as described in the ELC Handbook, the matter shall then be submitted to the Early Learning Center Board for resolution.

The parties, signed below, agree that these methods shall be the sole remedy for any controversy or claim arising out of a school-related function and each expressly waives their right to file a lawsuit against each other in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear the cost of his/her/its own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.

I/we understand that this Statement of Cooperation will be in effect for as long as my/our child attends River City Christian School Early Learning Center. I/we also understand that enrollment fees, the first month's tuition, curriculum fees, and any other fees assessed by the Center are non-refundable.

River City Christian School Early Learning Center requires the full cooperation and support of the parents/guardians of each student. This includes, but is not limited to, parents, step-parents, guardians, grandparents, friends or any other third party with authority or legal power to act on the child's behalf. Non-custodial guardians, step-parents or grandparents must provide the Center with certified copies of legal documentation authorizing him or her to obtain information or discuss matters with the Center administration regarding the student named herein.

In order to protect the interests of the Center and its entire student body, if parents/guardians or other authorized persons, who are allowed to act on behalf of the student, and fail to cooperate with the Center in maintaining its standards and policies, or who attempt to disrupt or interfere with the operation of the Center or enforcement of its policies and/or requirements in any matter, the student may be dismissed, even though the student has not caused a problem.

Print Student Name _____ Age: _____

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

River City Christian School
Early Learning Center
Financial Acknowledgment

Pre K 3-4 Tuition – please indicate the desired program.

Extended Day \$800 per month
7:00 am drop off
6:00 pm pick up

Full Day \$650 per month
7:00 am drop off
3:30 pm pick up

School Day \$595 per month
8:00 am drop off
3:30 pm pick up

*\$200 Enrollment fee (non refundable)

ENROLLMENT FEE IS DUE AT ENROLLMENT, UNLESS THESE FEES HAVE BEEN INCLUDED WITH MONTHLY TUITION PAYMENT. STUDENTS ARE NOT CONSIDERED OFFICIALLY ENROLLED UNTIL THE ABOVE FEES ARE PAID IN FULL AND ALL ENROLLMENT FORMS IN THIS PACKET ARE COMPLETED AND TURNED IN TO THE SCHOOL REGISTRAR. CLASSROOM SPACE IS NOT GUARANTEED UNTIL THE REGISTRATION FEE IS PAID IN FULL.

Student Withdrawal Policy

- I/we specifically agree that once my/our child, named above, is registered and enrolled at River City Christian School Early Learning Center, I/we understand that we are responsible to pay the full monthly tuition fee of the selected program by the end of each month.
- If my/our child is withdrawn before the end of the month, for any reason, I/we understand that I/we are hereby obligated to pay the balance of tuition owed, plus any/all outstanding fees still owed.
- To expedite withdrawal all outstanding fees must be paid in cash, cashier's check, or money order upon withdrawal

I/we understand and agree to all policies and fee information stated herein. I/we also understand that the enrollment fee and first month's tuition are non-refundable.

Parent/Legal Guardian Signature Date _____

Parent/Legal Guardian Signature Date _____

**River City Christian School Early Learning Center
Emergency Contact Form**

Student Information:

Name: _____ D.O.B. ____ / ____ / ____ Age _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____

Toilet trained _____ Yes _____ No

Allergies: _____ Food _____ Drug _____ Seasonal

Treatment Indicated _____

Parent Information:

Father's Name: _____

Work Phone: (____) _____

Address: _____

Home Phone: (____) _____

• check if same address as student

Cell Phone: (____) _____

Mother's Name: _____

Work Phone: (____) _____

Address: _____

Home Phone: (____) _____

• check if same address as student

Cell Phone: (____) _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____

Work Phone: (____) _____

Doctor Information:

Doctor's Name: _____ Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY:

I hereby give River City Christian School permission to obtain medical care for my child in the event my child is hurt or injured and I cannot be reached. I will be responsible for all medical costs that may incur.

I hereby agree that I will not hold River City Christian School responsible for any accrued medical costs.

_____ Date _____

Parent/Legal Guardian Signature

Print Name: _____

**River City Christian School
Student Medication Distribution Consent – (Parent completes this form)**

Student Name: _____

PERMISSION to ADMINISTER MEDICATION

River City Christian School Early Learning Center policy states that “Medication will only be administered by the school nurse or designated staff member” (RCCS Handbook page 34). In the event the school nurse is not available to distribute medication “an authorized staff member will distribute daily medications in lieu of the school nurse with permission from the parent.”

- Parents **ARE REQUIRED** to bring all medication to the school office in its original container. Prescription medication must be labeled by a licensed pharmacist.
- Students are **NOT ALLOWED** to have ANY medication (prescribed or over-the-counter) in their possession while on the RCCS campus.

Check Only One Box

I give permission allowing the school nurse or **an authorized staff member** to distribute medication to my child. (This includes during field trips and athletic events.)

I do not give permission for my child to be medicated.

ALL prescription medication dosages and/or changes in dosage must be validated with communication signed by the child’s physician (see Physician’s Form).

All over-the-counter medication MUST BE PROVIDED by the parent. Over the Counter medication dosage is given per package directions. Cold or flu medication will NOT be administered to any student.

Parent Signature: _____ Date _____

This signature authorizes an RCCS school nurse or authorized staff member to **distribute** both prescription medication and over the counter medication.

River City Christian School Early Learning Center
Diagnosis and Prescribed Medication – RCCS PHYSICIAN FORM (to be completed by physician)

TAKE THIS FORM TO THE PRESCRIBING PHYSICIAN TO COMPLETE AND SIGN

(Doctor's office may be contacted for clarification)

This **DIAGNOSIS AND PRESCRIBED MEDICATION FORM** must be completed and signed by the student's physician. The Parent/guardian must also sign. Please return this completed and signed form to the RCCS nurse or office personnel. The parent must deliver medication with prescription label directly to the school nurse or office personnel.

Student's Name: _____ Date of Birth _____
 Physician Name: _____ Phone _____

Physician's Diagnosis and Health Care Information

Please provide the student information **in second column** where applicable; if not applicable indicate by N/A:

Date of Last Physical Exam	
Diagnosis	
List any physical restrictions and length of time for restrictions	
Indicate No PE, recess, other activities	
List specific procedures during school hours, if any	
Emergency Instructions	

LIST ALL PRESCRIBED MEDICATION

Name of Medication	Dosage	Frequency of Doses	Indicate at Home or School
1.			
2.			
3.			
4.			
5.			

Length of time _____
 Any Restrictions? _____

Physician's Signature _____ Date _____

Physician's Printed Name _____

Parent/Legal Guardian Signature (Father) Date _____

Parent/Legal Guardian Signature (Mother) Date _____

**River City Christian School Early Learning Center
Educational Reference (to be completed by most recent care facility)**

This student is applying for admission to River City Christian School. Your insight and knowledge of this child's previous care facility information will assist us in determining his/her educational needs in our school.

ALL INFORMATION IS CONFIDENTIAL

Please return to River City Christian School in a sealed envelope. Do not return to the applicant.

Applicant _____ Date _____
Parents' Name _____

Reference's Name _____ Position _____
Address _____
Street City State Zip
Home Phone _____ Office Phone _____

Best time and place to contact: _____

Please check appropriate box(es)

Qualities	Not Observed	Outstanding	Average	Lacking	Not at All
Child's level of self-control					
Relationship with peers					
Respectful of Authority					
Responds to Discipline					
Academic Performance					
Motor Skill Development					
Overall Family Life					
Displays Christ-like Qualities					

Your educational role with this student? _____
How long? _____

Please give any additional information about this student or this family that would be helpful for RCCS admission process:

_____ I recommend this applicant without reservation.
_____ I recommend this applicant with reservations.
_____ I do not recommend this applicant.

Return directly to: River City Christian School
5810 Blanco Road
San Antonio, TX 78216
Phone 210-384-0297 Fax 210-384-0446

River City Christian School Early Learning Center
Personal Reference (to be completed by personal reference)

This student is applying for admission to River City Christian School Early Learning Center. Your insight and knowledge of home and spiritual life will assist us in determining his/her potential for success in our center.

Applicant _____ Date _____

Parents' Name _____

Reference's Name _____ Position _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Best time and place to contact _____

Please complete the following:

Qualities	Not Observed	Outstanding	Average	Lacking	None
Integrity of Parents					
Mother's relationship with God					
Father's relationship with God					
Parents' church involvement					
Parents' consistency in discipline					
Student's response to discipline					
Student's submission to authority					
Student's relationship to God					
Student's relationship with siblings					
Student's relationship with peers					
Student's level of self-control					
Student's level of involvement					

What is your relationship to this student and his/her family? _____

How long? _____

Please provide any additional information about this student or this family that would be helpful in the admission process: _____

_____ I recommend this applicant without reservation.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

ALL INFORMATION IS CONFIDENTIAL

Please return to RCCS in a sealed envelope. (Do not return via the applicant.)

River City Christian School
 5810 Blanco Road, San Antonio, Texas 78216

River City Christian School Early Learning Center
Pastoral Reference (to be completed by pastoral reference)

This student is applying for admission to River City Christian School Early Learning Center. Your insight and knowledge of this student's academic and spiritual life will assist us in determining his/her potential for success in our school.

Applicant's Name _____ Date _____

Parents' Name _____

Reference's Name _____ Position _____

Address _____
Street City State Zip

Home Phone _____ Office Phone _____

Best time and place to contact: _____

Do you know this family personally? Yes _____ No _____ How Long? _____

Is the family regular in Sunday School Attendance? Yes _____ No _____

Worship attendance? Yes _____ No _____ How long membership? _____

List any leadership roles the parents have fulfilled _____

Please give any additional information about this student or this family which would be helpful in the admission process:

_____ I recommend this applicant without reservation.

_____ I recommend this applicant with reservations.

_____ I do not recommend this applicant.

ALL INFORMATION IS CONFIDENTIAL

Please return to RCCS in a sealed envelope. (Do not return via the applicant.)

River City Christian School
5810 Blanco Road
San Antonio, Texas 78216

**River City Christian School Early Learning Center
Parent/Guardian Christian Experience**

Student's Name _____ Date _____

Does your child attend Sunday school or a church youth organization? Yes _____ No _____

Does he/she attend on a regular basis? Yes _____ No _____

Please describe your personal Christian Experience including your profession of faith and definition of what it means to be a Christian.

Father or Guardian: _____

Mother or Guardian: _____

Parent/Legal Guardian Signature (Father) Date _____

Parent/Legal Guardian Signature (Mother) Date _____