



Riverside Academy Enrollment Form 2024-2025

STUDENT INFORMATION

Student Name: _____ DOB: _____ Gender: _____

Preferred Language: _____ Latest Grade Level Completed: _____

Latest Report Card or High School Transcript Attached: Yes / No

Previous School: _____ Previous Grade: _____

Current Riverside Academy Student (\$50 enrollment fee per child): Yes / No

Riverside Church Member (\$100 enrollment fee per child): Yes / No

Community Member Non-Riverside Church member (\$250 enrollment fee per child): Yes / No

\$500 Tuition per month August 2024 – May 2025 is due on or before the first day of the month. If payment is not received by the 10th day of each month a \$2.00 per day additional fee will be assessed.

PRIMARY INFORMATION

Mailing Address: _____

Address City State Zip

Physical Address: _____

Address City State Zip

Parent/Guardian Name: _____ Phone: _____

Email: _____ Work Phone: _____

Secondary Contact Name: _____ Phone: _____

Email: _____ Work Phone: _____

MEDICAL INFORMATION

Student Name: _____ DOB: _____ Gender: _____

Allergies: _____

Medical Conditions: _____

Treatment Plan: _____

Current Medications: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____ Address: _____

Disability: _____

Preferred Hospital: _____

Allergies to medications? _____

Is emergency medication required for this allergy? _____

Does your child have any conditions or limitations the teachers should know about to ensure his/her well-being during activities? Yes / No

Please explain: _____

Has your child had any major illness that may affect his/her ability to participate in any activity?

Please explain: _____

MEDICAL HISTORY

Has your child been subject to any of the following? (Please check all that apply)

Convulsions		Fractures	
Diabetes		Frequent Colds	
Dizziness		Frequent Headaches	
Ear problems		Frequent Urination	
Emotional/Hyperactivity		Heart Disease	
Epilepsy		Hepatitis	
Eye Problems		Nosebleeds	
Fainting Spells		Tires Easily	

Other (please explain):

May the medical supervisor administer any of the following to your child? (Please check all that apply)

Symptom	Treatment	Yes	No	Symptom	Treatment	Yes	No
Allergies, Bites Hives	Benadryl, cortizone			Fever, Headache, Menstrual Cramps	Acetaminophen		
Sore Throat	Lozenges, Peppermint			Fever, Headache, Menstrual Cramps	Ibuprofen		



Cough	Robitussin			Cuts, Scrapes	Antibiotic ointment, Hibiclens		
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Medical Emergency Permission

I give Riverside Academy staff permission for my child to receive the medications mentioned above as indicated by the yes column. Before treatment is provided for any other illness or injury, parental contact or physician advice will be sought. I will notify the Administrator of Riverside Academy if my child is exposed to any communicable disease during the two weeks before attending class. Every effort will be made to contact the parent or guardian in case of a medical emergency.

I, the undersigned, am the parent/guardian of the named minor. I do hereby authorize Riverside Academy, as agent for the above-named consent, to an X-ray examination and aesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital or medical care facility whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of a specific diagnosis, treatment, or hospitalization being required but is given to provide authority and power on the part of my said agent to give specific consent to any such care. I hereby authorize any hospital, which has provided treatment to the above-named minor under the health and safety provision of any state in the United States of America to surrender physical custody of such minor to the named agent upon completion of treatment. These authorizations shall remain effective until May 30th, 2025 unless revoked sooner in writing and delivered to said agents. A photocopy of this authorization shall have the same force and effect as the original.

Transportation: Riverside Academy teachers and staff have my permission to transport my child to and from activities. Yes / No

Today's Date

Parent/Guardian Printed Name

Parent/Guardian Signature

