



**ROSS CORNERS CHRISTIAN ACADEMY**

2101 Owego Road, Vestal, NY 13850

Phone/Fax: (607) 748-3301



**Pre-Kindergarten Application**

**(For use in Pre K3 and Pre K4)**

**Office Use Only:**

Date Received: _____	Deposit Amount: _____	<b>\$100 Registration Fee</b> (non-refundable)
	Cash / Check #: _____	

**Student Information:**

Last Name: _____	First Name: _____	Middle Initial: _____
Goes By: _____	M / F (circle)	Birthdate: ___/___/___
Race: _____	Public School District: _____	Age: _____
Church Affiliation: _____	Pastor's Name: _____	

**Which Program are you applying for:**

PreK3, 3 Day (M,W,F)       PreK4, 3 Day (M,W,F)

PreK3, 5 Day                 PreK4, 5 Day

**Family Information:**

<b>Father's Last Name:</b> _____	<b>First Name:</b> _____
Street Address: _____	City: _____ State: _____ Zip _____
Cell Phone: _____	Home Phone: _____
Financially Responsible? Yes _____ No _____	Father's E-mail: _____
Place of Employment: _____	Position: _____
Work Phone: _____ Ext. _____	Hours of work: _____
Legal Relationship to Student: _____	Lives with student: ___ Yes ___ No

<b>Mother's Last Name:</b> _____	<b>First Name:</b> _____
Street Address: _____	City: _____ State: _____ Zip _____
Cell Phone: _____	Home Phone: _____
Financially Responsible? Yes _____ No _____	Mother's E-mail: _____
Place of Employment: _____	Position: _____
Work Phone: _____ Ext. _____	Hours of work: _____
Legal Relationship to Student: _____	Lives with student: ___ Yes ___ No

**Emergency Contact Information:**

<b>Emergency Contact #1:</b> _____	<b>Relationship to student:</b> _____
Phone Number(s): _____	(in case parent cannot be reached)
Permission to pick up Student? Yes _____ No _____	

<b>Emergency Contact #2 (optional):</b> _____	<b>Relationship to student:</b> _____
Phone Number(s): _____	(in case parent cannot be reached)
Permission to pick up Student? Yes _____ No _____	

**Please list any additional people who have permission to pick your student: (optional)**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Confidential:**

**Yes No -- Check the appropriate box & provide any explanation necessary**

- Is the applicant under the care of a doctor? If so, why? \_\_\_\_\_
- Does the applicant have any significant physical impairment? If so, what? \_\_\_\_\_
- Has the applicant been previously hospitalized? If so, for what? \_\_\_\_\_
- Has the applicant had any operations? If so, what? \_\_\_\_\_
- Is the applicant **allergic** to anything? If so, what? \_\_\_\_\_
- Does the applicant have (or had) any major diseases or illness: if so, what? \_\_\_\_\_
  
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: \_\_\_\_\_
- Does the applicant have any physical, emotional, or mental handicaps which may affect activities or Progress in school? If so, explain: \_\_\_\_\_
- Has the applicant ever used illegal or dangerous drugs? If so, what? \_\_\_\_\_
- Has the applicant ever used alcoholic beverages or tobacco? Explain \_\_\_\_\_
- Has the applicant ever been expelled, dropped or suspended by any school? If so, why? \_\_\_\_\_
  
- Has any grade been repeated? If yes, which one: \_\_\_\_\_ Reason: \_\_\_\_\_
  
- Has the applicant had or currently have an IEP or 504 plan?(Please choose one) No \_\_\_\_\_ 504 \_\_\_\_\_ IEP \_\_\_\_\_  
**\*\*If student has a current IEP or 504, please submit in with completed application.**
- Has the applicant received any type of tutoring or therapy? If so, explain \_\_\_\_\_
  
- Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? Please Explain: \_\_\_\_\_

\*If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal or court.

**PHOTO CONSENT: We grant permission for our child's photograph (of participation in school activities) to be used for school publicity purposes such as on the school website, Facebook page, and any advertising purposes. Please note that no identifiable information will be displayed with the picture so as to protect your child's identity. Photos will be used for the sole purpose of promoting our school and activities. Please check one: Yes  No**

**PARENT VOLUNTEER INFORMATION: RCCA could use your help in many areas. If you are willing to volunteer, please check any areas you would be interested in serving.**

- Lunch Counter
- Recess Duty
- Cafeteria Duty
- Basketball Coach/Assistant Coach
- Soccer Coach/Assistant Coach
- Cheerleading Coach/Assistant Coach
- Building Maintenance/ Grounds/ Custodial
- Other (Please Specify) \_\_\_\_\_

**Do you have any days or times that are better for you to serve?**


*RC Christian Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered events.*

*Force Majeure: If acts of God or government authorities, acts of terrorism in the U.S, natural disasters, pandemic, or other emergencies beyond RCCA's reasonable control to make it illegal or impossible for such party to perform its obligations under this Agreement, RCCA may terminate this Agreement upon written notice to the other party without liability. Force Majeure has occurred that would allow termination without liability.*

## New Student Application Procedure:

Please submit the following items to the school office:

- Student Application
- \$100 Registration Fee (Per Student)
- Student Recommendation Form #1
- Student Recommendation Form #2
- Signed Statement of Belief & Cooperation
- Current Immunization Record
- Health Examination Form (Filled Out By Physician)
- Medical Health History Form (Filled Out By Parent)
- Copy of Birth Certificate
- Preschool Assessment

<b>Little Ram's Preschool</b> (3 & 4 year olds)			
	<b>Annually</b>	<b>Monthly</b> (10-month plan) (Sept 1-June 30)	<b>Monthly</b> (12-month plan) (July 1-June 30)
			
<b>Preschool M/W/F</b>	\$3,250	\$325/mo.	\$271/mo.
<b>Preschool M-F</b>	\$4,300	\$430/mo.	\$359/mo.

### **Aftercare Program (2:30pm-6:00pm)**

**PreK-6<sup>th</sup> Grade**

\$15.00 / Day per student (Added monthly to FACTS account)

Please visit [rccarams.org](http://rccarams.org) or call 607-748-3301 for more information.