

Riverdale Christian Academy Registration Form

General Information

Full Name of Student: _____

Student's Full Address: _____

Student's Date of Birth (yy/mm/dd): _____

Last Grade Completed: _____

Contact Information

Name of Parent or Legal Guardian(s): _____

Address of Parent or Legal Guardian, if different from student:

Phone Number: _____

Other Phone: _____

Email: _____

Medical Information

OHIP Number: _____

Doctor Name: _____

Doctor Phone Number: _____

Medical Concerns/Allergies: _____

Student Information

Student's interests (sports, reading, science, music, film, etc):

Past struggles at school:

Before and after care needed?

How the student will get to school:

Riverdale Christian Academy

- Walk with parent
- Walk without parent
- Driven by parent
- Driven by other: _____
- Other: _____

How the student will be leaving school:

- Walk with parent
- Walk without parent
- Driven by parent
- Driven by other: _____
- Other: _____

List of individuals who will be transporting your child to and from school:

Days of the week your child will be attending:

I agree to entrust my child to Riverdale Christian Academy during school hours (9:00-3:00) when my child is present. I agree to give Riverdale Christian Academy employees permission to make medical care decisions on my behalf when my child is in their care, to allow my child(ren) to be taught according to the doctrinal statement as outlined in the Parent's Handbook, and to the terms stated in the Parent's Handbook.

Name: _____ Signed: _____ Date: _____