

**Rehoboth Virtual Learning Academy
Registration Application**

Child's Full Name _____ Goes by _____

M F Birth Date ____/____/____ Age ____ Grade ____ Student ID _____

District _____ School _____ Teacher _____ + _____

Child's Home Address _____

City _____ State _____ Zip _____

Child's Living Arrangements Both parents Mother Father Other

Child's Legal Guardian Both parents Mother Father Other

Mother's Name _____ Mother's Email _____

Mother's Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Cell Phone _____ Mother's Home Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mother's Employer's Address _____

City _____ State _____ Zip _____

Father's Name _____ Father's Email _____

Father's Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Cell Phone _____ Father's Home Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Employer's Address _____

City _____ State _____ Zip _____

Child's Physician _____ Physician Phone _____

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

List any persons who may **NOT** pick up your child _____

Child's Name _____

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Please describe any learning disabilities we should know about (include IEP details, if applicable):

Please describe any physical problems or information we should know about:

Please list any allergies you child has:

Please list any medications your child is taking:

I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.

Parent Signature _____

Date _____

Parental Agreement with Rehoboth Virtual Learning Academy

The Rehoboth Virtual Learning Academy (RVLA) agrees to provide day care for

_____ on _____,
(Name of Child) (Days of Week)

from _____ a.m. to _____ p.m., from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (choose all applicable meals and snacks):

Breakfast Lunch Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosages; date(s) and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The RVLA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

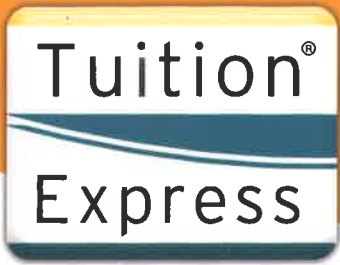
____ I authorize the child care facility to obtain emergency medical care for my child when I am not available.

____ I have received a copy and agree to abide by the policies and procedures for RVLA.

____ I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____		City _____	State _____ Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____		City _____	State _____ Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature _____		Date _____	

For Official Use Only

Date Received
Employee Signature

