

Refresh Learning Center Registration Forms 2024-2025
For New Students Desiring Enrollment in Kindergarten through 12th grade

Family Information

Father's Name _____

Father's Cell Phone Number with Area Code: _____

Father's Email Address: _____

Mother's Name _____

Mother's Cell Phone Number with Area Code: _____

Mother's Email Address: _____

Street Address	City	Zip Code
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Are you regular attenders or members of a church? No Yes

If yes, which church? _____

Student Information

First Name	Last Name	Gender
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Date of Birth: _____ Age: _____

Learning Level Entering in the Fall: _____

Documents to include:

- Completed Registration packet
- Proof of age and identity (such as a copy of birth certificate)

If applicable also include:

- ESA approval letter
- Transcripts from previous school
- Immunization records
- Current court order for custody or guardianship
- Special education records (including IEP/speech/psychological evaluations)

Student Name: _____ DOB: _____

Emergency Contacts (not including parents)

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

Authorized for pickup (not including parents)

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>

Allergies: _____

Medications: _____

Academic Information

Please complete the following chart.

Subject	Last Level Completed	Curriculum Used	Notes About Your Student's Abilities, Attitude, and Effort for Each Subject
Foreign Language			
Grammar			
English / Language Arts			
Math			
Science			

The following questions should be answered by the parent of the prospective student.

Why have you decided to enroll your student?

What are your student's academic strengths?

What are your student's academic weaknesses?

Does your student have any special needs or are there special considerations about which we should be made aware?

Is there any other information that would better help us meet the needs of your student?

Please briefly describe your family's involvement in your church:

Please briefly describe your family's relationship with the Lord:

The following questions should be answered by the prospective student.

Why would you like to become a RLC student?

What aspect of your academic life are you planning to work on this year and how do you plan to achieve your academic goals?

What are your long-term academic goals and career aspirations?

What interests do you have outside of school?

MEDICAL RELEASE

I, _____, the parent of _____ give permission for my child to be treated in case of an emergency. I do not hold the Refresh Learning Center or Refresh Calvary Church responsible for any injuries which occur to my child (ren) while on the premises.

I authorize the administration of _____ medication by my child(ren)s teacher as needed, or at _____ time of day.

Signed: _____ Date: _____

Emergency Contact Name: _____

Emergency Phone Number: _____ Relationship: _____

Children's Physician's Name: _____

Phone: _____

Effective August 1, 2024 through August 1, 2025

Please list any physical conditions that may affect your children's participation in the learning process. (allergies, etc.):

Known Allergies: _____

INSURANCE WAIVER

I give my children permission to participate in the Refresh Learning Center program and hereby waive, release and forever discharge any and all claims or responsibilities of Refresh Learning Center and Refresh Calvary Church or premises, employees, volunteers, officers, agents or servants for damages or injuries which may arise to my children.

Signed: _____

Date: _____

PERSONAL INFORMATION RELEASE

Refresh Learning Center provides a family directory with the names, addresses, telephone numbers and ages of the children enrolled in the program. This directory will be distributed to RLC families only. This information should only be used for personal contact with fellow RLC families.

I allow my personal information to be distributed to the enrolled families of Refresh Learning Center. I understand that the directory I am given should be used for my personal use only.

Signed: _____

Date: _____

IMAGE RELEASE

Refresh Learning Center desires to promote the positive activities, honors, and work of our staff and students. This includes publishing photos and school information via our website, newsletter, and social media. These publications may include information, likenesses, and images of students, parents, and faculty.

We understand that families may request that we not publish images of their children. Please fill out the form below to inform us of your wishes regarding publicity.

(Please print your child(ren)'s names in the space below)

I/We DO give permission for _____'s image/photograph, name, or work to be used as described above. We understand that no monetary compensation will be given for the use of the materials.

I/We DO NOT give permission for _____'s image/photograph, name, or work to be used as described above.

Parent/Guardian Name(s) _____

Parent/Guardian Signature _____

Date _____

If a situation arises that may change your child's status regarding publicity, please notify Refresh Learning Center in writing as soon as possible.

Parent/Student Handbook Agreement Form

I have read and understand the Refresh Learning Center Parent/Student Handbook. I agree to abide by the policies and procedures of the Refresh Learning Center and to teach my child(ren) to uphold the same. I understand that in the event of policy changes to said handbook, I will be notified promptly via email.

Parent Printed Name: _____

Parent Signature: _____

Student Portion:

I understand that the policies and procedures in the RLC Parent/Student Handbook are for my protection and to create a safe learning environment at school. I agree to follow the rules and regulations.

Child Name: _____

Child Signature: _____

Student #2 (if applicable)

Child Name: _____

Child Signature: _____

Documents included:

- Completed Registration packet
- Proof of age and identity (such as a copy of birth certificate)

Other included:

- ESA approval letter
- Transcripts from previous school
- Immunization records
- Current court order for custody or guardianship
- Special education records (including IEP/speech/psychological evaluations)

Notes:

RLC Use Only Date Received: Received: Registration <input type="checkbox"/> Policy <input type="checkbox"/> Release <input type="checkbox"/> Registration Fee <input type="checkbox"/> Teacher/Staff Assignment <input type="checkbox"/> Student(s): Accepted <input type="checkbox"/> Waitlisted <input type="checkbox"/> Denied <input type="checkbox"/>			
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Math	Language Arts	Grammar	Spelling
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 2
<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 3
<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 4
<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 5
<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 6	<input type="checkbox"/> Level 6
<input type="checkbox"/> Level 6	<input type="checkbox"/> Level 6		<input type="checkbox"/> Level 7
<input type="checkbox"/> Level 7	<input type="checkbox"/> Level 7		<input type="checkbox"/> Level 8
<input type="checkbox"/> Level 8	<input type="checkbox"/> Level 8		
<input type="checkbox"/> Level 9	<input type="checkbox"/> Level 9		
<input type="checkbox"/> Level 10	<input type="checkbox"/> Level 10		
<input type="checkbox"/> Level 11	<input type="checkbox"/> Level 11		
<input type="checkbox"/> Level 12	<input type="checkbox"/> Level 12		