



River Canyon School

730 25 Rd Grand Junction, CO 81505

Contact us at 970-639-0514 or e-mail info@rivercanyonschool.com

RIVER CANYON SCHOOL

APPLICATION FOR ENROLLMENT

To be completed by parent or guardian.

A non-refundable application fee of \$50 is required of each applicant

Applicant information

Mixed Age Kindergarten for the year beginning fall _____

Today's Date _____

Name of applicant

First

Middle

Last

Nickname if any

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Male ___ Female ___ Home phone _____

Age on August 1st: _____

River Canyon School is a non-profit school that does not discriminate on the basis of race, religion, gender, ethnic background or national origin

Kindergarten Tuition rates for 2017-2018. Prices are monthly.

- **Morning 8:30-12:30** **5 days \$450** **4 days \$395** **3 days \$320** **2 days \$235**

- **Extended day 12:30-3:30** **5 days \$250** **4 days \$205** **3 days \$190** **2 days \$135**

There is also a supplies fee of \$95 assessed in September and January of each school year.

KINDER PROGRAM

Circle your choice

Morning Day Kinder (8:30-12:30)	5 days Everyday	4 days M/T/W/TH or T/W/TH/F	3 days M/W/F	2 days T/TH
Extended (12:30-3:30)	Circle your preference <ul style="list-style-type: none"> • 2 days M / T / W / TH / F • 3 days M / T / W / TH / F • 4 days M / T / W / TH / F • 5 days M / T / W / TH / F 			

Family Information

Father	Mother
Home address	Home address
Zip code	Zip code
Occupation	Occupation
Name of Business	Name of Business
E-mail address	E-mail address
Telephone	Telephone
Step-Father	Step-Mother
E-mail address	E-mail address
Occupation	Occupation
Name of Business	Name of Business
Address	Address

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Telephone	Telephone
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In case of emergency, if neither parent can be reached, please contact:

_____ at this phone # _____

Let us know who to contact first in an emergency situation (ex: mom first, then dad, third grandmother)

1st Contact: _____

2nd Contact: _____

3rd Contact: _____

Person(s) designated to pick up and deliver child (other than parents/guardians):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Marital Status of Parents: Together Separated Divorced

Custody _____ Visitation Rights _____

Father remarried Father deceased Mother remarried Mother deceased

Student(s) lives with _____ Relationship _____

Tuition to be paid by whom? _____

Person not permitted to call for child (provide court documents) _____

Child's doctor name: _____ Phone: _____

Address: _____

Child's dentist name: _____ Phone: _____

Address: _____

Child's Hospital of Choice:

_____ SMH: 2635 North 7th Street, Grand Junction, Colorado 81501 ph: 970-298-2273

_____ Community Hospital : 2021 N 12st Grand Junction, CO 81501 ph: 970 242-0920

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_____ Other: _____ ph: _____

Siblings information

Name _____ Gender: M/F Age: _____ Grade: _____ School: _____

Name _____ Gender: M/F Age: _____ Grade: _____ School: _____

Are you applying to River Canyon School for any of the above siblings? _____

If yes, which child(ren)? _____

Previous Schools

Please list the applicant's previous schools starting with the current school

Current school _____ Years attended _____ Grades _____

Current school _____ Years attended _____ Grades _____

Other adults living with child (list relation to child)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please explain why you are interested in River Canyon School. Include materials you have read, lectures attended, and how you heard of the school. Are you acquainted with anyone in the school?

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Please describe any circumstances that have affected or may have affected your child's school experience (include your child's previous experience in child care).

Please describe your child's interests, musical instruments played, special talents, or hobbies.

Has your child received, or is he or she now receiving special tutoring, counseling or therapy? _____

If yes, explain. Include nature and dates of service- (attach a detail explanation if necessary).

Please identify any health situations the school should know about, such as diagnosis, allergies, therapy (physical or psychological), medications.

Has your child ever studied a foreign language? If so, please specify.

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What role does media (TV, videos, movie, computer games, etc) play in your family?

Provide any information concerning your child which might be helpful to teachers in regards to:

- Sleeping habits (wakes by self, needs awakening, mood upon awakening?)

- Dressing (by self, who chooses clothes, etc), breakfast (light/substantial, eaten together/alone) _____
- Dinner (usual time, who is present) _____
- After dinner activities _____
- Bedtime habits/rituals _____

River Canyon School is a community school and parents are expected to join us in the adventure of education. In what ways would you be interested in participating?

At the time of admission, the undersigned parent or guardian understands that RCS services will be billed at the rate designated in the signed contract between parent/guardian and River Canyon School.

Parent signature

Parent Signature

Date: _____

Date: _____

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