



2020-2021 Rock Church Academy Application

1607 Cromwell Bridge Rd

Baltimore, MD 21234

Office: 410-882-0807 Fax: 410-882-7163

www.rockchurchacademy.com Email: admissions@rockchurchacademy.com

Please carefully read through and complete each page of this registration packet. Print clearly and sign where appropriate. This registration form must be returned with a \$35.00 non-refundable application fee. The application fee is per family. Make checks or money orders payable to Rock Church Academy.

Note: Email is our primary form of daily communication.

Student Information

Student's First Name: _____

Current Age as of Sept 1st: ____ Date of Birth: _____

Middle Name: _____ M F

Grade Student is applying for this Fall: _____

Last Name: _____

Primary Language Spoken at Home: _____

Place of Birth: _____

Secondary Language Spoken at Home: _____

Student Educational History

List Schools Previously Attended: _____

Does your child receive regular treatment/medication for behavioral, educational, physical, or medical conditions? No Yes

If yes, please describe: _____

Has your child ever been tested or referred for a learning or behavioral disorder? No Yes

If yes, please describe: _____

Has your child ever experienced conduct and/or educational problems that resulted in suspension, expulsion, or retention? No Yes

If yes, please describe: _____

Student Medical History:

Does the Student have any serious medical conditions? (Asthma/Diabetes/ADHD, etc.) Yes/No

If yes, please list: _____

Does the student have any allergies or dietary restrictions (food, insect, environmental, medication)? Yes/No

If yes, please list: _____

Does the student take any medication (including inhalers)? Yes/No

If yes, please list (Medication name and frequency): _____

Mother's Contact Information

Mother/Guardian's Name: _____

Address: _____

D.O.B. _____

City: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Employer: _____

Email: _____

Occupation: _____

Second Email: _____

Resides with Student Primarily? No Yes

State Identification: _____

Father's Contact Information

Father/Guardian's Name: _____

Address: _____

D.O.B. _____

City: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Employer: _____

Email: _____

Occupation: _____

Second Email: _____

Resides with Student Primarily? No Yes

State Identification: _____



2020-2021 Rock Church Academy Application

1607 Cromwell Bridge Rd

Baltimore, MD 21234

Office: 410-882-0807 Fax: 410-882-7163

www.rockchurchacademy.com/ Email: admissions@rockchurchacademy.com

Siblings / and Other Household Members (Please provide their name, age, and relationship)

How did you hear about Rock Church Academy? _____

Religious Background

Childs/Families Religion? _____

Name of Church Attending and Pastor's Name: _____

Does your child attend Sunday School or have any Christian Education background knowledge? Please describe.

Application Review Process and Procedures

The Following information gathered does not conclude decision making of acceptance into Rock Church Academy (RCA) on the basis of faith. We open our doors to families of neighboring churches, and local surrounding communities who desire a Private Christian education, and or the academic programs of excellence that we offer here at RCA.

I agree that the information provided is complete and accurate. I understand that this information is being used by the school for the purposes of applying for registration/ acceptance for my student. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my student's registration or acceptance in school. I agree to promptly inform RCA of any changes in this information. Children admitted into Pre-K3/ Pre-K4 must be 3 or 4 years old and toilet trained by September 1st. Children admitted into Kindergarten must be 5 years old and toilet trained by September 1st. RCA furthermore would like to thank your family for applying to Rock Church Academy. Please note that application/and interview are not guaranteed admittance of your child into RCA, we reserve the right to decline admittance as a private institution.

If your child is accepted into RCA you must complete all further required documentation, and be able to supply Birth Certificate, Social Security Card, Immunization Records (with all state required shots in regard to age), Most recent dental exam, Record of Physical and Lead screening. If your child is transferring from another school, you must provide, their most recent report card, any standardized test records, (including any current or former 504, IEP or Behavior Action Plans). There will be no exceptions to these documents. Please note that official student records, and a possible letter of recommendation will be requested from prior schools of attendance. RCA takes seriously the health of your student and their well-being to academically perform without distraction from health ailments and wants to ensure the health and safety of all students.

Mother/Guardian Signature: _____ Print: _____ Date: _____

Father/Guardian Signature: _____ Print: _____ Date: _____

OFFICE USE ONLY: Registration Reviewed by: _____ & _____ Date: _____ <input type="checkbox"/> A <input type="checkbox"/> NA Board Review: _____ Comments: _____
--



2020-2021 Rock Church Academy Application

1607 Cromwell Bridge Rd

Baltimore, MD 21234

Office: 410-882-0807 Fax: 410-882-7163

www.rockchurchacademy.com Email: admissions@rockchurchacademy.com

Pre-K/ Kindergarten Addendum

Rock Church Academy is excited to welcome your Pre-K /Kindergartener this upcoming school year. Children admitted into Pre-K3 must be 3 years old, and toilet trained by September 1st, Pre-K4 must be 4 years old, and toilet trained by September 1st, and Kindergarteners must be 5 years old, and toilet trained by September 1st. Previous schooling is not required for admission of 3, 4 and 5-year-old students, and the following information is collected to ensure that we are meeting the academic needs and preparations for your child based upon the information.

In the last 12 months, where did the student spend most of his/her time?

- Head Start Family Childcare Home (paid Licensed care) Pre-K (public)
 Non-Public Preschool School Child Care Center (Licensed by State) Home care (In a home by a relative/ nonrelative)

Length of time within this environment: _____

Please check all items below that apply to the student

- | | |
|--|--|
| <input type="checkbox"/> Child has been fully toilet trained for the last 10 mo. | <input type="checkbox"/> Child has/had delayed speech/ language |
| <input type="checkbox"/> Child had exposure to lead | <input type="checkbox"/> Child has/had serious injury or trauma exposure |
| <input type="checkbox"/> Child has hearing problems | <input type="checkbox"/> Child has vision or suspected vision problems |
| <input type="checkbox"/> Child is receiving speech/language therapy | <input type="checkbox"/> Child is receiving occupational therapy |
| <input type="checkbox"/> Child has sibling with learning difficulties | <input type="checkbox"/> Parent/Guardian has chronic illness/disability |
| <input type="checkbox"/> Child experienced death of a parent(s) | <input type="checkbox"/> Child has experienced separation from parent(s) |
| <input type="checkbox"/> Child has a referral for Infants & Toddlers, Birth through Pre-K services, and or any local school system for formal evaluation, therapy, or services | |

What educational goals do you have for your child? _____

How would you describe your child's personality and learning style? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully developed? _____

Does your child interact/ share well with others? _____

Does your child take instruction well? _____

Specify any physical, emotional, medical needs your child has: _____

What is your primary purpose for enrollment? Early Childhood Education: Pre-K3/Pre-K4 Continual Primary Education Pre-K3/K4-Grade 5

OFFICE USE ONLY: Registration Reviewed by: _____ & _____ Date: _____ <input type="checkbox"/> A <input type="checkbox"/> NA Board Review: _____ Comments: _____
--