



# After School Enrichment Program Registration Form

11801 Nuckols Road | Glen Allen, VA 23059 | 804.364.5000 | amyspitler@rcc-impact.com | rcc-impact.com

**Must be completed and signed by a parent or guardian**

Please provide all requested information on this form. Incomplete forms will not be accepted.  
Registrations are processed based on available space on a first come, first serve basis.  
To reserve your child's spot, the following three (3) items must be received by our director.

- (1) Completed and signed registration form
- (2) A one-time non-refundable registration fee of \$50 per child
- (3) Health Form

- How did you hear about us?
- Word of mouth Referred by: \_\_\_\_\_
  - RCC website
  - Banner
  - Advertisement
  - School Flier \_\_\_\_\_
  - Other: \_\_\_\_\_

### STUDENT & FAMILY INFORMATION

Student Name: \_\_\_\_\_  
First Middle Last

Nickname: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street APT#

Anything Else We Should Be Aware Of: \_\_\_\_\_  
Allergies, Medical Information, Etc.

Second Student Name: \_\_\_\_\_  
First Middle Last

Nickname: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street APT#

Anything Else We Should Be Aware Of: \_\_\_\_\_  
Allergies, Medical Information, Etc.

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**STUDENT AND FAMILY INFORMATION CONT.**

**Parent / Guardian 1:** \_\_\_\_\_

**Address** (If different than student home) : \_\_\_\_\_

Street

APT#

City

State

Zip

**Phone #'s:** \_\_\_\_\_

Home

Cell

Work

**Best Email Address:** \_\_\_\_\_

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**Parent / Guardian 2:** \_\_\_\_\_

**Address** (If different than student home) : \_\_\_\_\_

Street

APT#

City

State

Zip

**Phone #'s:** \_\_\_\_\_

Home

Cell

Work

**Best Email Address:** \_\_\_\_\_

**Primary Language Spoken At Home:** \_\_\_\_\_

Parents are (please check all that apply):  Married  Separated  Divorced  Widowed  Single

Student(s) live with:  Mother  Father  Mother / Step-Father  Father / Step-Mother  Other: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION** (Two contacts are required by VA law)

**Contact 1 Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address** (If different than student home): \_\_\_\_\_

Street

APT#

City

State

Zip

**Phone #'s:** \_\_\_\_\_

Home

Cell

Work

**Best Email Address:** \_\_\_\_\_

**Contact 1 is authorized to pick up student(s):**  Yes  No

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**EMERGENCY CONTACT INFORMATION CONT.**

**Contact 2 Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address** (If different than student home): \_\_\_\_\_  
Street APT#

City State Zip

**Phone #'s:** \_\_\_\_\_  
Home Cell Work

**Best Email Address:** \_\_\_\_\_

Contact 2 is authorized to pick up student(s):  Yes  No

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**LIST ADDITIONAL PEOPLE AUTHORIZED TO PICK UP STUDENT**

1. _____ Name Phone	2. _____ Name Phone
3. _____ Name Phone	4. _____ Name Phone

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By signing below, the parent guardian states that the above information is true and current to the best of their knowledge.

**Privacy Policy:** Names, addresses, emails or any other personal information will not be given out without the expressed written consent of parent / guardian.

**Parent / Guardian Name:** \_\_\_\_\_  
Print Signature

**Parent / Guardian Name:** \_\_\_\_\_  
Signature

**Date Signed:** \_\_\_\_\_

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**Tuition and Fee Information**

- Registration Fee: \$50 per Child**
- After School Care/Per Week one child | two children**
- Part Time/Per Day one child | two children |**

**Circle specific days: M Tu W Th F**

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**Office Use Only:**

**Registration Fee Paid On:** \_\_\_\_\_ **Deposit Paid On:** \_\_\_\_\_

**Handbook Compliance/Photo Permission**  **Student Health Form**