



## Enrollment Process

### Step 1: Application for Enrollment

Complete an enrollment application for **each student** and return to:

**Royal Legacy Christian Academy**  
**620 W. 5th St.**  
**Waterloo, IA 50702**

or email to:

**info@RLCAwaterloo.org**

### Step 2: Complete Forms

- Parent/Guardian Covenant
- Signed Statement of Faith
- Family Share Tuition Worksheet (to be finalized at interview)
- Student Medical Questionnaire (**One per child**)
- Pick-up/Field Trip/Picture permission form
- Emergency Medical Authorization (**One per child**)
- Volunteer / Church

### Step 3: Interview / Return Forms

Royal Legacy Christian Academy will call you to schedule an interview with your family.  
Please bring the above completed forms, along with:

- 1040 -- Copy of your 2019 tax return (used to determine tuition responsibility)
- Most recent immunization record (One per child is required or exemption letter)

### Step 4: Receive Offer letter

If there is an availability and the RLCA staff determines that RLCA is a good fit, you will receive an offer letter with an acceptance letter to return.

### Step 5: Return Acceptance Letter

- Mail back signed acceptance letter with payment for deposit to secure placement.

### Step 6: Final steps

- Attend fall orientation (September 3rd at 6pm)
- Begin on first day of school, September 8<sup>th</sup> at 7:45 am.



## Application for Enrollment

### Student Information

Name \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Current Grade: \_\_\_\_\_  
(Month) (Day) (Year)

Does your child have any physical limitations or handicaps we should know about?

\_\_\_\_\_

### Previous School Information

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Special Services

Has your child previously received or is currently receiving any of the following services?

Gifted Education	Y	N
504 Plan	Y	N
Special Education Services (IEP)	Y	N
ELL services	Y	N

Was your student expelled suspended from their previous school? Y N

*Please provide a copy of the 504 or the IEP with your enrollment packet if applicable.*

### 1) Primary Parent/Guardian

Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell: \_\_\_\_\_ Home \_\_\_\_\_

Email address \_\_\_\_\_



Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work phone \_\_\_\_\_

**2) Primary Parent/Guardian (same household)**

Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_ Primary Language: \_\_\_\_\_

Cell: \_\_\_\_\_ Home \_\_\_\_\_

Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work phone \_\_\_\_\_

Why do you want to enroll your children at Royal Legacy Christian Academy?

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**Secondary Household if applicable (Legal parent/guardian only)**

Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

*If there are any legal restrictions regarding the non-custodial parent, please provide a copy of legal documentation with this application.*

**Emergency Contacts (Designated adults who are authorized to pick up your students)**

Name	Relationship	Home Phone	Cell/Work Phone

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## **Our Vision**

Royal Legacy Christian Academy will leave a legacy of faith, academic excellence and empowerment for children, families, and the community.

## **Our Mission**

The mission of Royal Legacy Christian Academy is to create a safe and friendly Christ-centered environment where students can flourish academically and grow spiritually.

### **Core Beliefs**

1. We believe that all children have tremendous potential and possess a God-given capacity for achieving excellence.
2. We believe that a solid Christian education should be affordable and accessible regardless of socioeconomic status.
3. We believe all students should develop high proficiency in another language and that language should be taught within its cultural context.
4. We believe that all students can achieve academic success with high expectations, rigorous curriculum and culturally relevant pedagogy.
5. We believe students learn in different ways and in different time frames.
6. We believe a student's past does not define his/her future success.
7. We believe that cultural and ethnic identity is a sacred gift from God and should be explored and celebrated.
8. We believe that cultural diversity enriches our lives and more accurately reflects the Kingdom of God.

### **Cost**

Biblically, the primary responsibility for the education of a child is that of the parents. At the same time, Royal Legacy Christian Academy is committed to making a quality education affordable for everyone. The family's monthly tuition will be determined at the interview. It is based on income and will range from \$50 per month up to \$500 per month (for 10 months, per child). A Family Share Tuition Worksheet is included in this packet for your own information so you can gauge an estimate of what it will cost. If more than one child is enrolled at RLCA, the cost for subsequent student(s) may be reduced.

*Royal Legacy Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, loan programs, athletic or other school-administered programs.*



## Parent/Guardian Covenant

**In recognition of the promise of Royal Legacy Christian Academy to provide my child with an outstanding Christ-centered education, I understand that my child's success in school depends largely on my support and involvement. I acknowledge that:**

- I accept the school's vision and mission statements, beliefs, and strategies of education that are in accordance with the Word of God and Biblical virtues.
- I agree to support the school in upholding its rules and policies. As a parent/guardian, I am responsible for the behavior and actions of my child.
- I agree to participate in mandatory parent activities, including Saturday Schools, parent-teacher conferences and 10 hours of parent volunteer service.
- I agree to pay the *Family Share* portion of my child's tuition, mutually agreed upon by parent/guardian and the school on time. If my tuition is late, I understand that I will be subject to a \$15 late fee.
- I agree to provide a supportive, educational environment for my child, which includes:
  1. I will make sure my child arrives at RLCA every day by 7:45 a.m. (Mon. – Fri.)
  2. I will make sure my child follows the RLCA dress code.
  3. I will check my child's homework every night, try to read with him/her every night, and limit the amount of screen time (to include phones, tablets, tv, computer, gaming systems, etc.)

**I understand that failure to adhere to these commitments will have an adverse effect on the quality and integrity of my child's education at Royal Legacy Christian Academy. Furthermore, I understand failure to adhere to these commitments can lead ultimately lead to reconsideration of my child's continued enrollment.**

Name of Student(s) / Grade(s)

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Parent/Guardian Signature and Date

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Parent/Guardian Signature and Date



## Family Share Tuition Worksheet

The following worksheet will help determine your family's share of your yearly tuition. Maximum tuition per child is \$5,000 per year. Minimum tuition per family is \$500 per year.

1. Adjusted Gross Income on IRS Form 1040 \_\_\_\_\_
2. Number of dependents \_\_\_\_\_
3. Multiply number of dependents by \$3,400 \_\_\_\_\_
4. Subtract line 3 from line 1 \_\_\_\_\_
5. Multiply line 4 by 10% (.10) \_\_\_\_\_
6. Divide line 5 by 2, or number of dependents, whichever is greater \_\_\_\_\_
7. Multiply line 6 by the number of children attending Royal Legacy Christian Academy \_\_\_\_\_
8. Monthly payment (divide line 7 by 10) \_\_\_\_\_

Line 5 is the maximum tuition that your family will pay, regardless of the number of children enrolled, provided it falls within the maximum and minimum tuition guidelines.

Childcare, excessive medical costs, court ordered payments, tuition at other schools, and other unusual expenses may be considered in calculating your Family Share. Documentation of these expenses is required for review.

You may have the option to pay tuition is paid in 10 monthly payments. Monthly tuition is due by the 1<sup>st</sup> of each month, delinquent by the 7<sup>th</sup>. The first payment is due with the signed acceptance letter to secure your student's placement.

Family Share Tuition: \$ \_\_\_\_\_ / month (line 8)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Communication

Royal Legacy Christian Academy staff will inform you when you are not required to provide lunch for your child, when tuition is due, upcoming school events, fieldtrips, coordination of required volunteer hours (see *Parent/Guardian Covenant*), etc.

Name of Parent/Guardian \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Volunteering

Please communicate with RLCA concerning your plans to fulfill your required 20 volunteer hours. Feel free to call or text the school at 319-595-1097, or email [info@rlcawaterloo.org](mailto:info@rlcawaterloo.org).

## Church

Please include the following information about your church affiliation. We will use this to share information about school events, fundraisers, celebrations, and opportunities to teach.

Name of church \_\_\_\_\_

Name of pastor \_\_\_\_\_

Church phone \_\_\_\_\_





## Student Medical Questionnaire

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Breathing:**

- Asthma
- Reactive airway
- Other problem (list)

**Neurological:**

- Frequent headaches
- Dizziness, fainting, seizure
- ADHD/ADD

**Gland:**

- Diabetes
- Thyroid
- Other problem (list)

**Heart:**

- Heart murmur
- Heart surgery
- Other problem (list)

**Eating:**

- Stomach problems/ulcer
- Bowel problems
- Special diet (describe below)

**Orthopedic:**

- Broken bones
- Orthopedic braces
- Other problem (list)

Please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accommodations:**

- Glasses/Contacts
- Hearing aids
- Seat close to instruction
- Liberal bathroom privileges
- Limited PE
- Braces/Ortho

Other/describe: \_\_\_\_\_

**Allergies**

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Environmental: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medications to be given at school: \_\_\_\_\_

Illnesses, Operations, or Accidents in the past year: \_\_\_\_\_

\_\_\_\_\_

Emotional, Social, or Other Conditions that could affect school performance: \_\_\_\_\_

\_\_\_\_\_



## Emergency Medical Authorization

Child's Name \_\_\_\_\_  
Last First Middle

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Child's Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Child's Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Please list anyone who may be contacted for assistance or information in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Present medication, allergies, and other medical information pertinent to emergency care:

\_\_\_\_\_  
(Child's Name) \_\_\_\_\_ is free of communicable disease and is in good health. He/she can participate in the daily program. I, \_\_\_\_\_, (parent/guardian) of \_\_\_\_\_ (child), age \_\_\_\_\_ do hereby give permission and consent to the personnel of RLCA, to secure and authorize such emergency medical or dental care and/or treatment as my above named child might require while under RLCA's supervision. RLCA staff may take steps including any or all of the following if they believe an emergency situation exists:

1. Call the child's physician or dentist
2. Call another physician
3. Call an ambulance and have the child taken to the emergency room of a hospital

In case of emergency, every effort will be made to notify parents and to contact the child's physician immediately. If it is necessary to have the child transported to a hospital, we will recommend that the child be taken to the child's hospital unless instructed to do otherwise by the physician or parent. I agree to pay all of the cost and fees for any emergency medical or dental care or treatment of my child as secured or authorized under this consent.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## Attendance Contract

**In recognition of the promise of Royal Legacy Christian Academy to provide every child with an outstanding Christ-centered education, it is important to understand that your child's success in school depends largely on being present in school, all day, every day. We need your commitment to ensure that your student is in school every day, on time.**

It is our belief that there is a direct relationship between absenteeism and overall academic success. We further believe that both regular attendance and punctuality to school are essential to Kingdom work. When students are present, they can devote more time to study and ministry. We do, however, understand that there may be times that your student must be absent.

The following are acceptable excused absences:

- Medical appointments that include a medical excuse from a doctor
- Death or serious illness in the immediate family or household
- Court appearances that include prior approval or notification from the court
- Family vacation communicated prior to absence

All other reasons are considered unexcused. Below is the protocol that we have outlined for absences.

1. Absences 1-4, your classroom teacher will call home.
2. After 5 unexcused absences, you will receive a letter home highlighting the importance of school attendance
3. After 6 unexcused absences, your classroom teacher will call home.
4. After 7 unexcused absences, the principal will request a parent meeting to discuss ways to improve student attendance and revisit this attendance contract.
5. Absences 8-9, your classroom teacher will call home.
6. After 10 unexcused absences, the principal will request a parent meeting to determine if Royal Legacy Christian Academy is able to best meet the needs of your students here.

Per Iowa State Law, school attendance is mandatory for ALL students under the age of sixteen. We know how much you value the success of your student here at Royal Legacy. Thank you for partnering with us to ensure your student is present and ready to learn. If you have any questions regarding this issue, please call the school at 319-595-1097. We will be able to review these absences with you in more detail.

Please sign below, having read the following statement.

**In recognition of the promise of Royal Legacy Christian Academy to provide my child with an outstanding Christ-centered education, I understand that my child's success in school depends on being present in school, all day, every day. I commit to ensuring my student is in school every day, on time. If there are unavoidable circumstances, I will communicate with the school immediately. I commit to limiting tardies and understand what are considered excused absences.**

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Parent/Guardian Signature

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Date