



**FAMILY INFORMATION**

Mother's Cell Phone or Pager \_\_\_\_\_ Email \_\_\_\_\_

Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Student Lives with: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other \_\_\_

Name of Non-Custodial Parent, (if applicable) \_\_\_\_\_

If parents are divorced which parent has legal responsibility for:

School-related Decisions? \_\_\_\_\_ School Bills? \_\_\_\_\_

Receiving School Communications? \_\_\_\_\_

If child is living with someone other than parents, please explain (attach a separate sheet of paper if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS:**

Name	Age	Grade	School
_____			
_____			
_____			

Why do you wish to enroll your child in Heritage Christian Academy ?  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL**

Who is financially responsible for the student? \_\_\_\_\_

Relationship to student? \_\_\_\_\_

Address (if different from previous page)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STEP-PARENT INFORMATION**

**Step-Mother:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

Cell Phone or Pager \_\_\_\_\_ Email \_\_\_\_\_

**Step-Father:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

Cell Phone or Pager \_\_\_\_\_ Email \_\_\_\_\_

**CHURCH INFORMATION**

Home Church \_\_\_\_\_ Phone \_\_\_\_\_

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

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Children's/Youth Director (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Length of time your family has been active in this church \_\_\_\_\_

Do you faithfully attend:      Sunday School \_\_\_\_\_      Morning Worship \_\_\_\_\_  
   Sunday Evening \_\_\_\_\_      Mid-Week Service \_\_\_\_\_

List church activities or ministries the student is presently involved in. \_\_\_\_\_  
\_\_\_\_\_

List church activities in which your family participates. \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL TESTIMONY**

Please write a short statement of your Christian faith (attach a separate sheet of paper if necessary.)

Father or Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother or Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you and your family read HCA's Doctrinal Statement and do you understand it?

\_\_\_\_\_

If not, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INFORMATION**

If you answer yes to any questions below, please give the full particulars on a separate sheet of paper and attach.

Has your child...

Yes	No	Yes	No
___	___	___	___
	Repeated a Grade in School?		Attended Speech Therapy Classes?
___	Attended Summer School?	___	Attended Resource Class?
___	Had Disciplinary Difficulties in School?	___	Attended Gifted/Talented?
___	Had Extended Absences from School?	___	Been Expelled from School?

**HEALTH INFORMATION**

Please describe any illnesses, diseases, or physical disabilities that either have affected or may affect your child's general health, his/her schoolwork, or his/her participation in athletics. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any Behavioral, Psychological, or Educational Evaluations of your child been performed (i.e., testing for learning difficulties, disabilities, or ADHD [Attention Deficit Hyperactivity Disorder])? Yes \_\_\_ No \_\_\_ *If yes, please attach a copy of the diagnostic report.*

Does your child take any prescription medication on a regular basis? Yes \_\_\_ No \_\_\_

If yes, please list the medication and the condition for which it is being taken. \_\_\_\_\_

Is your child now or has he/she been under the care of a Psychologist/Psychiatrist? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

List any known allergies your child has. \_\_\_\_\_

My child has no known allergies. \_\_\_\_\_

Has the child ever received treatment for substance abuse? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
Street City State Zip

Hospital \_\_\_\_\_  
Street City State Zip

**SIGNATURE**

**Signature of Verification**

Your signature indicates that the information in the enrollment application is correct and that you have read the Enrollment Packet and Doctrinal Statement. Your signature also indicates that you are in agreement with the stated philosophy and guidelines. You are also indicating that you are under no financial obligation to any former school so that records may be released to HCA.

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ADMISSIONS POLICY**

Every student must submit a completed and signed application. A \$150 enrollment fee must be turned in with the application. If a student is not accepted into HCA \$100 of the fee will be refunded minus the \$50 non-refundable application fee. Students entering all other grades must submit transcripts from the previous year of school (Pre-K – K5 exempt).

The submission of an application does not constitute acceptance. No student is accepted until the admissions committee rules on that acceptance. Upon notification of acceptance, the parent has ten days to accept the offered place. HCA reserves a 6 week trial period for student evaluation.

I agree to notify the Administration of HCA within ten days of notice of acceptance or another student may be admitted in my child's place. I understand that the application will not be processed unless all questions have been completed and the application has been signed and returned. Presentation of false information or omission of pertinent information on this application and/or during an interview will constitute grounds for dismissal from Heritage Christian Academy with no refund of fees paid.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

Recent Photograph  
Of  
Applicant

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student's Name

# Financial Contract

## Financial Contract for Heritage Christian School 2017 – 2018

We/I are/am the Parent(s) of:

1. Student \_\_\_\_\_ Grade \_\_\_\_\_ 4. Student \_\_\_\_\_ Grade \_\_\_\_\_  
 2. Student \_\_\_\_\_ Grade \_\_\_\_\_ 5. Student \_\_\_\_\_ Grade \_\_\_\_\_  
 3. Student \_\_\_\_\_ Grade \_\_\_\_\_ 6. Student \_\_\_\_\_ Grade \_\_\_\_\_

Do hereby agree to the 2017 – 2018 Tuition and Fee Schedule:

<b>TUITION, BOOKS, and ENROLLMENT per Student</b>			
<b>Grade</b>	<b>Tuition</b>	<b>Book &amp; Supply Fee</b>	<b>Enrollment Fee</b>
<b>K3-K4</b>	<b>\$3000.00 half day / \$4000.00 full day</b>	<b>\$250.00</b>	<b>\$150.00</b>
<b>K-5</b>	<b>\$3000.00 half day / \$4000.00 full day</b>	<b>\$250.00</b>	<b>\$150.00</b>
<b>1<sup>st</sup> – 6<sup>th</sup></b>	<b>\$4000.00</b>	<b>\$250.00</b>	<b>\$150.00</b>
<b>7<sup>th</sup> – 12<sup>th</sup></b>	<b>\$4000.00</b>	<b>\$250.00</b>	<b>\$150.00</b>

<b>Plan</b>	<b>Due</b>	<b>Amount</b>	<b>Miscellaneous Info</b>
<b>Tuition: Annual</b>	<b>August 1<sup>st</sup></b>	<b>K3, K4 &amp; K5 = *\$2850.00 half day K3 –12th = *\$3800.00 full day</b>	<b>*(5% Discount) (If paid in full by due date)</b>
<b>Tuition: 10 Monthly Payments</b>	<b>Payments 1-10 = (5<sup>th</sup> of each month Aug. – May) <i>Book Fee Due in July</i></b>	<b>K3, K4 &amp; K5= \$300.00/Month half day K3 – 12th = \$400.00/Month full day</b>	
<b>Book &amp; Supply Fee</b>	<b>July 1<sup>st</sup></b>	<b>K3-12<sup>th</sup> = \$250.00</b>	<b>One time per year</b>

**Acknowledgements:**

1. We/I understand all enrollment fees are not pro-rated, refunded, or transferred upon late entry or withdrawal of a student. Enrollment fees are due when the enrollment pack is turned in.
2. We/I understand book fees are not pro-rated, refunded, or transferred upon late entry or withdrawal of the student.
3. We/I understand there are options for tuition and extended care payment and we/I will choose one for each:

**TUITION OPTIONS**

Choose One	Plan	Due Dates	Form of Payment
<input type="checkbox"/>	<b>Annual Payment Plan</b>	<b>Tuition Paid in Full by Aug. 1st Book fee Paid by July 1st</b>	<b>TADS online pymt</b>
<input type="checkbox"/>	<b>Monthly Payment Plan</b>	<b>Payments 1-10 = Aug. – May Payments 1-12 = Aug.-July [5<sup>th</sup> of each month]</b>	<b>Aug. – May Aug. – July TADS online pymt</b>

**\*\* Please note there is a one time, per household charge of \$45.00 per school year for using TADS**

4. We/I understand HCA’s commitment to honor staff contracts. We/I further commit to pay the next month’s tuition if my/our student withdraws or is asked to leave school for any reason before the completion of the academic school year. If we/I also agree that if we/I have paid for the year in full that we/I will be refunded the remainder of the year’s tuition minus the next month’s payment.
5. We/I understand that the bank will add a \$25.00 late fee to any monthly tuition or extended care payment in which there are insufficient funds for TADS on the above stated dates.
6. We/I understand that if there are not sufficient funds to support the TADS payment after 30 days that payment will be considered delinquent and my child will not be permitted to attend class. If my account is not paid and/or the student withdraws, HCA will not release my/our child’s records until the financial obligation has been met.

By signing this form, we/I acknowledge that we/I have read and understand the terms of this contract and we/I agree to the terms and conditions herein. Our/My signature below also indicates that we/I are solely responsible for the tuition and fees and we/I agree to make payments in a timely fashion.

IN WITNESS WHEREOF, the parties have executed this Agreement on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY \_\_\_\_\_  
Mother or Legal Guardian

BY \_\_\_\_\_  
Father or Legal Guardian



# Pastoral Reference Form

Heritage Christian Academy  
1200 FM 156 South  
Haslet, TX 76052  
817-439-5220  
Fax: 817-439-5502

(This section to be completed by the family making the application)

Family Name \_\_\_\_\_ School Year \_\_\_\_\_

Student(s): \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Waiver of right of access to confidential statement:

I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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(This section to be completed by the family's Pastor)

Dear Pastor,

This family has applied for their children's admission to HCA and had listed your church as their church home. We would appreciate the following information about this student and family. Your prompt attention is appreciated.

1. Family Church Attendance:

Father: \_\_\_\_\_ Weekly \_\_\_\_\_ 1-3 times/month \_\_\_\_\_ Less than 1 time/month

Mother: \_\_\_\_\_ Weekly \_\_\_\_\_ 1-3 times/month \_\_\_\_\_ Less than 1 time/month

Student(s): \_\_\_\_\_ Weekly \_\_\_\_\_ 1-3 times/month \_\_\_\_\_ Less than 1 time/month

2. Do you personally know the family? \_\_\_\_\_

How long has the family been faithfully attending your church? \_\_\_\_\_

If less than one year, please explain: \_\_\_\_\_

**3. Do the applicants profess to have a personal relationship with Jesus Christ?**

Father \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

Mother \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

**4. Do you observe evidence of this profession?** \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

**5. Are the applicants living a consistent Christian life?** \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ I don't know

**6. Do the applicants seem to respect Biblical authority?**

\_\_\_\_ Consistent with Biblical teaching

\_\_\_\_ Questionable: explain: \_\_\_\_\_

\_\_\_\_ Definite Problem: explain: \_\_\_\_\_

**7. Please comment in regards to how this family could help Heritage Christian Academy.** \_\_\_\_\_

**8. What is your final recommendation?**

\_\_\_\_ Highly Recommend

\_\_\_\_ Recommend

\_\_\_\_ Recommend with Reservations

\_\_\_\_ Do Not Recommend

**Thank you so much for taking time to fill out this form. Please fill out the following information in the event that we need to clarify any information provided.**

Name \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_

Signature \_\_\_\_\_

# Teacher Reference Form

Heritage Christian Academy  
 1200 FM 156 South  
 Haslet, TX 76052  
 817-439-5220  
 Fax: 817-439-5502

\_\_\_\_\_ is an applicant to our \_\_\_\_\_ grade, fall/spring, 20\_\_\_\_\_.

**Parent/Guardian: Please read and sign before giving this to your child's teacher.**

**I understand and agree that the following information is confidential and will only be used in the selection of candidates and will not become part of their permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone else outside of Heritage Christian Academy Admissions Committee, and I waive any right I may have to see it.**

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

**Additional information which does not appear on entrance tests or school records is helpful in enabling us to evaluate this applicant. Your input as to the student's needs and abilities increases our ability to determine our program's appropriateness for the applicant. Since we treat this information as confidential, please mail or fax this form DIRECTLY to Heritage Christian Academy.**

\_\_\_\_\_  
 Teacher Name

\_\_\_\_\_  
 Subject Area

Academic Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis for Evaluation
Ability					
Creativity					
Growth Potential					
Initiative					
Intellectual Curiosity					
Motivation					
Self - Discipline					
Study Habits					

Has the student received any special awards or recognition? \_\_\_\_\_

Is the student in good standing with your school? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain. \_\_\_\_\_

\_\_\_\_\_

Personal Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis for Evaluation
Attendance					
Concern for Others					
Cooperation					
Emotional Stability					
Enthusiasm					
Friendliness					
Initiative					
Integrity					
Interaction w/ Faculty					
Leadership					
Manners					
Maturity					
Personal Grooming					
Reaction to Disappointment					
Responsibility					
Self - Confidence					
Sense of Humor					
Sense of Service					

Has the applicant had any discipline problems in the past year? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make general comments on the academic and personal qualities of the applicant that could help our decision. \_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATION**

- HIGHLY RECOMMENDED**
- RECOMMENDED**
- RECOMMEND WITH RESERVATIONS BECAUSE** \_\_\_\_\_
- NOT RECOMMENDED BECAUSE** \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

School Address and Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Director/Principal**

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent (s) support school policies/procedures				

Signature of Director/Principal: \_\_\_\_\_

# Doctrinal Statement

Each student should know and understand the basic principles of our Christian faith.

1. The infallible, divine inspiration of the whole Bible.
2. The Genesis account of creation.
3. The personal triune God: Father, Son, and Holy Spirit.
4. The virgin birth and sinless humanity of Jesus Christ and Deity of Jesus Christ.
5. The substitutionary death of Jesus Christ for all mankind is efficacious only to those who believe.
6. The bodily resurrection and ascension of Christ and pre-millennial return of Christ.
7. The bodily resurrection of the righteous to eternal heaven and the bodily resurrection of the unrighteous unto eternal punishment.
8. Man was created in the image of God and lived in innocence until he fell by voluntary transgression.
9. The sinner is saved wholly by grace through faith in Jesus Christ.
10. The Holy Spirit convicts sinners (unto repentance), regenerates, seals, secures, and indwells every believer.
11. All who trust Jesus Christ for salvation are eternally secure in Him and shall not perish.
12. Christianity is the only true faith; all other religions are of man-made origins.
13. Christ established His church during His ministry on earth and that it is always local, visible assembly of scripturally baptized believers in covenant relationship.
14. Christ gave the Great Commission to the New Testament churches only, and He promised the perpetuity of His churches.
15. Every Christian, as a steward, is obligated to support his local church financially through tithes and offerings.
16. There are two pictorial ordinances in the Lord's churches: Baptism and the Lord's Supper.
17. Scriptural baptism is the immersion of penitent believers in water administered by the authority of the New Testament church. The Lord's Supper is a memorial ordinance, restricted to members of the church observing the ordinance.
18. There are two divinely appointed offices in a church: Pastors and Deacons.
19. The miraculous spiritual manifestation gifts (such as tongues) were done away when the Bible was completed.
20. Satan is a fallen angel, the archenemy of God and man, the unholy god of this world.
21. Human life begins at conception and the unborn child is a living human being.
22. God has commanded that no intimate sexual activity should be engaged in outside of a marriage between a man and a woman.
23. Any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions.
24. Christians are prohibited from bringing civil lawsuits against other Christians or the Church to resolve personal disputes.
25. Freedom of worship without interference from the government and the belief in civil obedience.
26. God has ordained and created all authority consisting of three basic institutions: 1) the home; 2) the church; 3) the state.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental Commitment

**In making application for our/my child(ren) to attend Heritage Christian Academy, it is our/my desire that he/she completes the school year. We/I further agree as parent(s) that:**

- 1. We/I have read, and are in agreement with Heritage Christian Academy's philosophy of education, purpose, and student handbook.**
- 2. We/I believe that discipline is necessary for the benefit of each student as well as for the entire school, and we give permission to the teachers and administration to make and enforce school regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. We/ I also understand that we/I may be asked to remove our/my child from the school grounds until the matter has been resolved to the parent(s) and the school administration's satisfaction.**
- 3. We/I accept the challenge to "train up a child in the way he should go," Proverbs 22:6. We/I understand that it is ultimately the parent's responsibility to require appropriate behavior from a child in the classroom. The teachers and administration of Heritage Christian Academy will adhere to the guidelines set forth in the student handbook and will serve as an extension of what is taught in the home.**
- 4. We/I agree to attend ALL Parent/Teacher meetings so that we will stay informed of the activities of the school and of our child's progress.**
- 5. When problems arise, we will use the following procedure in the order listed:**
  - a. Contact the teacher and speak directly with him/her.**
  - b. Request a conference with the Principal if necessary.**
  - c. With a good spirit, withdraw our child if we cannot support the policies, procedures, or staff of the school.**
- 6. We/I understand that the students must abide by all rules of the school both in action and attitude. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational program.**
- 7. We/I understand that attendance at Heritage Christian Academy is a privilege rather than a right, therefore, we will support and cooperate with the school in its aims and ideals.**
- 8. We/I understand that even if we believe that the teacher is wrong, we will seek to rectify the problem with the teacher privately, and will not undermine the authority of the teacher in front of our child whether at school or at home. (Matthew 18:15)**

**9. We/I understand that the Bible commands us to “not forsake the assembling of ourselves together,” and will strive to attend weekly church services. (Hebrews 10:25)**

**10. We/I agree that it is the parent’s Biblical responsibility to instruct their children in God’s Word. Heritage Christian Academy will serve as an extension of that instruction. We understand that it is strongly encouraged for each family to have devotions together. (Deuteronomy 6:4-9)**

**We/I as parent(s), are pledging our full support and cooperation to Heritage Christian Academy and its faculty. It is our/my prayerful desire that our family contributes positively to the spirit of the school and live lives well-pleasing to the Lord.**

**Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

# Library Usage Form

Heritage Christian Academy  
1200 FM 156 South  
Haslet, TX 76052

I understand that visiting and using the library is a privilege and not a right. I realize that if my child does not conduct himself/herself in a proper manner, that his/her library privileges may be revoked. I also agree to pay any fees for lost, damaged or late books. The fee for late books will be 25¢ per day. I have also discussed these requirements with my child(ren) and he/she is aware of the responsibilities of attending the library.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Contact Information

Parents will be contacted first in any situation. However, please give the name and relationship of two people we can contact in the event that you cannot be reached.

## Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

# Release Form

Student's Name \_\_\_\_\_

I hereby grant permission for my child to use all equipment and participate in all activities at Heritage Christian Academy.

I hereby grant permission for my child to attend planned field trips throughout the school year as a motivational and educational supplement to the curriculum. (Parents will be informed of dates, times, destinations, and purposes of all field trips.)

I hereby grant permission for the administration to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact the parent through any of the persons listed on the emergency information form provided by the parents at registration.
4. If we cannot contact the child's parents or the child's physician, the following action will be taken:
  - a. Call the physician or paramedics
  - b. Call an ambulance
  - c. Have child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under item four will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been officially received or has been dismissed for the day.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgement of Medication Procedures

Student's Name \_\_\_\_\_

Heritage Christian Academy does not employ a nurse. I hereby give permission for Heritage Christian Academy Staff to administer the following initialed over the counter medications to my child during school hours if needed: (Prescription medications require a separate form). I understand that I will be notified prior to the medication being administered.

\_\_\_\_\_ Acetaminophen      \_\_\_\_\_ Cough Drops

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

# Statement of Cooperation and Waiver of Liability

I recognize the attendance at Heritage Christian Academy is a privilege and not a right. Parents are expected to cooperate and support HCA and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student as well as for HCA. I give permission for my child's teacher and/or staff of HCA to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending HCA if they do not conform to the standards (set forth in the handbook) and way of life at HCA. Heritage Christian Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of HCA, does not conform to the spirit of Heritage Christian Academy.

I give permission for my child's picture, either individually or in a group, to be used in future brochures, DVD's, website, newspaper articles, or other publications of Heritage Christian Academy or Heritage Baptist Church.

I further understand that HCA's policy prohibits refunds of registration fees, book fees, or the first tuition payment. I also agree to meet all school financial obligations punctually.

I give permission for my child, whose name is set forth below, to take part in all school activities, including school-sponsored trips away from the school premises. I further agree to hold the school and its agents harmless for any liability to my child against the school or any agent thereof because of injury or alleged injury to my child during any school activity. I indemnify and save Heritage Christian Academy and Heritage Baptist Church, its employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorney's fees resulting from or arising out of the participation by my child in the above-mentioned activities. I understand that HCA does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and updated and delivered to HCA.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends Heritage Christian Academy. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

List children's names and grades:

Signature of both parents:

---

Mother

Date

---

Father

Date

---

Sole Guardian

Date

---

---

# Prescription Medication Administration Release Form

I hereby grant Heritage Christian Academy staff permission to administer prescription medication brought from home. All medications must be in the original prescription bottle or package. All inhalers must be clearly labeled with the student's name. All medications must be turned into the school office at the beginning of the school day and will be held in the office.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Prescription Medication \_\_\_\_\_

Dosage Amount \_\_\_\_\_ Time to be given \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE : PLEASE INFORM THE SCHOOL OFFICE OF ANY CHANGES.**

# Child Pick-Up Release Form

I hereby grant Heritage Christian Academy to release my child to the following people:

Child's Name \_\_\_\_\_

## Contact #1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

## Contact #2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

## Contact #3

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

## Contact #4

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

## Contact #5

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Child \_\_\_\_\_

**NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE IF THIS LIST CHANGES.**