

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

Length of time your family has been active in this church _____

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

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

If not, please explain _____

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. _____

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. _____

List any known allergies your child has. _____

My child has no known allergies. _____

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 Academy 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 2016 – 2017 Tuition and Fee Schedule:

TUITION, BOOKS, and ENROLLMENT per Student			
Grade	Tuition	Book & Supply Fee	Enrollment Fee
K3 & K4	\$3000.00 half day / \$4000.00 full day	\$250.00	\$150.00
K5	\$3000.00 half day / \$4000.00 full day	\$250.00	\$150.00
1st – 6th	\$4,000.00	\$250.00	\$150.00
7th – 12th	\$4,000.00	\$250.00	\$150.00

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

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

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 payment 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

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 _____

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.