



2019-2020

HERITAGE CHRISTIAN ACADEMY

12006 Shadow Creek Parkway

Pearland, Texas 77584

713.436.8422

info@hcpatriots.com

www.hcapearland.com

6 Months – Pre-Kindergarten Application for Admission

Vision Statement

The vision of Heritage Christian Academy is to establish an excellent independent, nondenominational, evangelical Christian School in the Northwest Brazoria County area.

Mission Statement

The mission of Heritage Christian Academy is to assist parents in the task of raising good Christian citizens by providing a superior education, firmly grounded in our dual heritage as Christians and Americans.

Notice of Nondiscriminatory Policy as to Students

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

Registration and Tuition Fees

Registration checklist for *applying*

- Completed and Signed Application
- Current Immunization records
- "Physician's Statement" of eligibility to attend school, signed by Primary Care Physician
- Payment of all Fees (Registration, Curriculum/Supply, and Activity Fees. As well as, prior balances if applicable)
- Prior school records and copies of any special testing, if applicable

Registration Fee Worksheet

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

1.) Registration Fee ("Max" registration applies per family, if registered at the same time)

Current Families Jan 28 – Feb 8	Prior Waitlist/Alumni Feb 11 – Feb 15	Open Public Enrollment Feb 19 – Mar 8	Mid-Year Enrollment March 18 – May 24	May 28 – School Year
\$75 per Child \$200 max	\$100 per Child \$250 max	\$100 per Child \$250 max	\$150 per Child \$350 max	\$200 per Child \$500 max
*** Fees correspond to date range ***				
				\$ _____

2.) Curriculum and Supply Fee (Covers most Textbooks and Classroom Supplies)

	MDO	Pre-K	
2 day programs	\$300	\$325	
3 day programs	\$325	\$350	\$ _____
5 day programs	\$350	\$375	

3.) Activity / Field Trip Fee (Covers most extracurricular activities: fieldtrip shirt, entrance fees, etc.)

MDO	\$30	\$ _____
PreK and UP	\$50	

Total Due at time of Registration = \$ _____

Programs & Tuition Rates

Annual

Mother's Day Out

2 Days a Week (T/Th)	2:00 p.m. dismissal	\$3118.43
3 Days a Week (MWF)	2:00 p.m. dismissal	\$4567.83
Full Time	3:40 p.m. dismissal	\$7686.27

Prekindergarten

All PreK students must be potty trained by Sept 8th to remain enrolled.

2 Days a Week (T/Th)	*PK3 ONLY* 2:00 p.m. dismissal	\$3118.43
3 Days a Week (MWF)	*PK3 & PK4* 2:00 p.m. dismissal	\$4567.83
Full Time	*PK3 & PK4* 3:40 p.m. dismissal	\$7686.27

Supplementary Program Rates

(If applicable, will be added to tuition invoice. Please note: program availability depends upon a minimum of 10 students to make class.)

Early Morning Care	6:45 a.m. – 8:00 a.m.	\$15.00/day \$100 monthly	(August – May)
Middle Care	2:15 p.m. – 3:30 p.m.	\$15.00/day \$75 TTH or \$85 MWF/month	(August – May)
After School Care drop in rate	3:55 p.m. – 6:00 p.m.	\$15.00/day \$185 monthly	(August – May)
Combination – Early Morning / After School Care		\$200.00/month	(August – May)

(Fifteen minutes after the end of the student's school day, students will enter supplemental care and parents will be charged for supplemental school care. After 6:00 p.m., a charge of \$1 per minute applies.)

Discounts (If applicable, will be deducted from tuition invoice)

Annual tuition paid in advance:	3%
Semester tuition paid in advance:	1%
Multiple children:	5% of total tuition

Office Use Only

Date _____	\$ _____
Cash / Check # _____	Accepted by _____

HERITAGE CHRISTIAN ACADEMY STUDENT APPLICATION

Child's name: _____ Date of Birth: _____ Age: _____ (as of Sept. 1st 2019)

Sex: M F Ethnicity: African American Caucasian Hispanic Asian American Other

Languages spoken at home (primary first): _____

Applying for:

Part-Time 2:00 p.m. dismissal (Please indicate ***both a first and second choice*** preference)

MDO T/TH PreK3 T/TH PreK4 M/W/F
 MDO M/W/F PreK3 M/W/F

Full-Time 3:40 p.m. dismissal Field Trip Shirt Size (PreK 3 & PreK 4):

MDO M-F YXS YS YM
 PreK3 M-F YL YXL
 PreK4 M-F

Additional Care Programs Needed: (Please note: Program availability depends upon a minimum of 10 students to make class.)

Early Morning Care (6:45-8:00 am) Middle Care (2:15 – 3:40pm) After School Care (3:55-6:00pm)

Is your child potty trained: Yes No If no, how close are they to being potty trained? _____ (weeks)

All students in pre-kindergarten or older must be potty trained by Sept 8th to remain enrolled.

Child lives with: Both parents Mother only Father only
 Parent & Step-Parent Grandparents Other _____

Current Home Address: _____
Street City Zip

Either parent deceased? Yes No If yes, which? _____

Parents divorced? Yes No If yes, custody granted to _____
(Please note: if there are special visitation or pick up protocols, a copy of the original court order will need to be on file before the school may enforce any compliant action.)

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Home Phone #: _____ Alt. Phone #: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Occupation: _____ Mother's Occupation: _____
Title Title

Company Name Company Name

Telephone Telephone

Email for Financial Correspondence #: _____

Alternative Email #: _____

FOR OFFICE USE ONLY			
Application Accepted By: _____	Time: _____ am / pm	Date _____	<input type="checkbox"/> Immunizations
Administration Initials: _____			<input type="checkbox"/> Registration Paid
<input type="checkbox"/> Entered into Roster	<input type="checkbox"/> Cash Y / N		<input type="checkbox"/> Curriculum / Supply Fee Paid
Business Manager Initials: _____	Check # _____		<input type="checkbox"/> Activity Fee Paid
<input type="checkbox"/> Verified Zero Prior Balance	Amount \$ _____		

**PARENT'S PLEDGE OF ACCEPTANCE AND
ACKNOWLEDGEMENT OF HANDBOOK POLICIES**

Student Name: _____ Grade: _____

For students to be admitted parents or guardians will read and fully support the Statement of Education Philosophy, the Parent/Student Handbook, and the requirements set forth in the Tuition Schedule of Heritage Christian Academy. Furthermore, parents or guardians understand and agree to abide by the following:

- We do hereby state that we have made a thorough investigation of curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline, and motives of the school and do pledge to make them our glad-hearted choice for the coming year.
- We pledge that if for any reason, our child does not respond favorably to the school, we will not try to fit the school to his needs but will withdraw quietly and without delay.
- We understand that the school is dedicated to educating the whole person in the whole council of God as revealed in the Sacred Scriptures of the Old and New Testaments. It is further understood that the faculty and administration of the school will see to lead each student into a personal and vital relationship with Jesus Christ as Lord and Savior.
- We hereby invest authority in the school to discipline our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed.
- Should the time ever come that we, as parents or guardians, can no longer support the Heritage Christian Academy Statement of Educational Philosophy, Statement of Faith or staff; we will discretely and politely withdraw our child(ren) from Heritage Christian Academy.
- We understand that my child(ren) will receive individual diagnostic and achievement tests which will be administered by professional staff of Heritage Christian Academy.

Financial Agreements. We agree that:

- I understand monthly tuition payments are collected by **FACTS Tuition Management Co.** and any penalty fees due to lack of funds in an account will be collected by **FACTS**.
- I understand my financial responsibilities to the school and that all other fees collected by the school (after school programs, etc.) are due on the 1st of each month. If a payment is made after the 10th it is subject to a \$30 late fee.
- I understand that if a payment is not received within thirty (30) days of when it is due, I will be contacted by the Finance Manager. In the event the payment becomes more than forty-five (45) days delinquent, I will be notified that my child(ren) will not be allowed to continue in attendance unless a plan for payment has been approved by the Board of Trustees. If there is a financial problem or difficulty, I agree to make an appointment with the Finance Manager and resolve the matter. I agree to pay the balance of my account before requesting transcripts or other records for release.
- I understand that HCA operates on tuition and gifts and that God is a provider of the school's resources. I will pray for God's provision and give additionally as God supplies in my personal finances.
- **Registration, Academic, Activity, and Tuition fees are only refundable as detailed in the Handbook.**

I have read and agree to uphold the policies outlined above and in the Heritage Christian Academy's Child/Parent Handbook (available online at www.hcapatriots.com).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



STUDENT RELEASE/MEDICAL EMERGENCY INFORMATION

***** This information is required by the State of Texas and is provided to the teachers for the safety of your child. It is important that this page be filled out completely. *****

Child's name: _____ Date of Birth: _____

Languages spoken at home (primary first): _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Father/Guardian's Cell #: _____ Mother/Guardian's Cell #: _____

Home Phone #: _____ Alt. Phone #: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I **HEREBY AUTHORIZE THE HCA FACULTY/STAFF** to contact the person(s) indicated below, and do **HEREBY AUTHORIZE THE NAMED PHYSICIAN, HOSPITAL, and/or CLINIC** to render such treatments deemed necessary in an emergency for the welfare of said child. I also **HEREBY AUTHORIZE ONLY THE FOLLOWING PERSON(S)** to pick up my child when a parent or guardian is not available to do so. In the event the physician, person named, or parents/guardian cannot be contacted, I **HEREBY AUTHORIZE SCHOOL OFFICIALS** to take whatever action is deemed necessary in their judgment for the health and well-being of said child, including transportation to an appropriate medical facility.

Name: _____ Relationship: _____ Cell #: _____ **Emergency Contact**
Address _____ City _____ State _____ Zip _____ **Pick Up**

Name: _____ Relationship: _____ Cell #: _____ **Emergency Contact**
Address _____ City _____ State _____ Zip _____ **Pick Up**

Name: _____ Relationship: _____ Cell #: _____ **Emergency Contact**
Address _____ City _____ State _____ Zip _____ **Pick Up**

Primary Care Physician's Name: _____ **Phone:** _____
Address: _____

Preferred Hospital/Clinic Name: _____ **Phone:** _____
Address: _____

Is your child currently on **any kind of medication or under medical care?** Yes No

For your child's benefit, please list and describe **any chronic health conditions or special needs**. Also, list any **allergies, serious illnesses, injuries or hospitalizations during the past 12 months**.
(If your child has no chronic health problems or special needs, please indicate "NONE")

None _____

Please list **any medication(s) prescribed for long-term, continuous use:**

None _____

I **HEREBY RELEASE HERITAGE CHRISTIAN ACADEMY, in addition to the Directors and Staff of HCA, from any and all liability for injuries or illnesses, other than those which are a result of gross negligence on the part of the Directors or Staff of Heritage Christian Academy.**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

*****Any changes to emergency contact information must be submitted to the office in writing.*****

Are parents Christians? Mother Father Neither

Child attends: Sunday School Preaching Mass

Church Attended: _____

How did you learn about Heritage Christian Academy? _____

Siblings? _____

Why did you choose Heritage Christian Academy for your child? _____

What are your expectations from Heritage Christian Academy for your child? _____

Has your child received diagnosis or treatment for any learning or behavioral disability, including ADD/ADHD?

Yes No If yes, explain: _____

Is your child currently or has he/she ever been under the care of a psychiatrist or psychologist?

Yes No

List of Previous School(s) Attended: *Please list Name, Campus Address, and Dates Attended*

1) _____

2) _____

3) _____

Has your child been expelled or suspended from school, or had any problems in adjusting to school life?

Yes No If yes, please explain. _____

Please explain your child's temperament: _____

What comforts your child? (Stuffed animal, blanket, etc.) _____

What kind of discipline is used at home? _____

Are there anything else which would be helpful for the school staff to know, in order to better understand your child and make their educational experience even better?

I agree that if my child is enrolled at Heritage Christian Academy I will cooperate with the school fully, in its methods and principles of education for him/her. I will observe all regulations of the school and cause my child to do so.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



STUDENT TRANSPORTATION WAIVER AND RELEASE

Student Name: _____ Grade: _____

I, the undersigned Parent or Guardian, give my permission and consent for my minor child, identified above, to be transported by approved Pearland Heritage Christian Academy (“HCA”) officers, agents, employees or anyone acting on its behalf, and will assume all liability for my child’s participation in this HCA activity/event and any injury that may result during the transport or at the HCA event/activity.

Further, by signing below, I affirm that:

1. I will not hold Pearland Heritage Christian Academy, its officers, agents, employees or anyone acting on its behalf, responsible or liable for injury occurring to my minor child named above in the course of such activities or such travel.
2. I hereby accept full and complete financial responsibility for any personal items lost by my minor child identified herein.
3. I accept full responsibility and hereby grant permission for my minor child to travel with approved Pearland Heritage Christian Academy (“HCA”) officers, agents, employees or anyone acting on its behalf.
4. By signing below, I represent that I fully understand that I am waiving any and all liability of HCA as a result of any injuries to minor child identified herein that occur during the travel and/or at any HCA event/activity.

This Waiver and Release will be valid for all transportation occurring as of and up to 15 months following the date signed below.

Parent/Guardian Signature

Date



STUDENT PARTICIPATION AGREEMENT

Heritage Christian Academy occasionally shares student or class photos and information in the school newsletter/blog, social media, website, brochures, etc. ***It is understood that you will allow us to feature your child in these ventures unless otherwise stated below:***

Yes, you may feature my child in school publications and media:

school newsletter/blog, school social media school website school brochures

No, please do not feature my child in any of the above.

Parent/Guardian Signature

Date

BACKGROUND CHECK

Student Name: _____ Grade: _____

In compliance with State Law, Heritage Christian Academy must obtain a background check on **anyone participating in a supervisory capacity for children (field trip chaperone, room mother, substitute teacher, etc)**. This information is kept on file for two years. *You may fill out a background check at the time of participation; or you may provide the information below to expedite the process (optional).*

Parent/Guardian Info

First Middle Last

Other Names Used (maiden, married, etc.)

Street Address City State Zip County

Telephone Date of Birth Age SSN

DL # State Issued List all other cities in Texas where there has been residency

Sex: M F

Race/Ethnicity: Caucasian African-American Hispanic
Asian/Pacific Islander American Indian/Alaskan Native Other

I hereby authorize Heritage Christian Academy to investigate my background for the purpose of evaluating my qualifications for childcare supervision as is compliant with the education and childcare laws of the State of Texas.

Parent/Guardian Signature

Date

Parent/Guardian Info

Student Name: _____ Grade: _____

First Middle Last

Other Names Used (maiden, married, etc.)

Street Address City State Zip County

Telephone Date of Birth Age SSN

DL # State Issued List all other cities in Texas where there has been residency

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Parent/Guardian Signature

Date

Heritage Christian Academy



Raising the Bar in Christian Education

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Pearland, Texas 77584
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Fax 713.893.6104
info@hcapatriots.com

PHYSICIAN'S STATEMENT

Please have your child's physician complete this form and return to us at the earliest convenience.

I have examined _____ within the past year for:
(student name)

- physical health
- vision
- hearing

and find that he/she is able to take part in the school program.

Physician's Signature

Date

Clinic/Office Address

Phone Number

**** Please note, a completed Physician's Statement must be turned in within (14) days of your child's first day of class. If no physician's statement is received within that period, your child will not be allowed to attend classes until their file is brought into compliance, as required by the State of Texas. ****

Psalm 127:3 "Behold, the children are a heritage from the Lord..."