



2019 Summer

HERITAGE CHRISTIAN ACADEMY

12006 Shadow Creek Parkway

Pearland, Texas 77584

713.436.8422

info@hcpatriots.com

www.hcpatriots.com

6 Months – 12 years
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.

HERITAGE CHRISTIAN ACADEMY SUMMER PROGRAM STUDENT APPLICATION

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

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

1.) Registration Fee (1-time registration fee)

\$100 for 1st child
 \$50 for each additional child \$ _____

Additional Children: \$ _____

Total Due for Registration = \$ _____

2.) Weeks and Tuition Rates

\$195 Weekly (per student)

Summer Weeks Available

- | | | |
|--|---|---|
| <input type="checkbox"/> June 3 – June 7 | 8:00am - 4:00pm | <input type="checkbox"/> Early Morning Care |
| <input type="checkbox"/> June 10 – June 14 | <input type="checkbox"/> July 8 – July 12 | (7:00-8:00 am) |
| <input type="checkbox"/> June 17 – June 21 | <input type="checkbox"/> July 15 – July 19 | <input type="checkbox"/> After School Care |
| <input type="checkbox"/> June 24 – June 28 | <input type="checkbox"/> July 22 – July 26 | (4:00-6:00pm) |
| | <input type="checkbox"/> July 29 – August 1 st | |

Supplementary Program Rates

Combination - Early Morning/ After School Care 7:00 a.m. – 8:00 a.m./4:00 pm – 6:00pm \$15.00/day \$50 weekly
 (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)

Multiple children: 5% of total tuition

Child's name: _____ Date of Birth: _____ Grade Completed: _____

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

Languages spoken at home (primary first): _____

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***

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

Current Home Address: _____
Street City Zip

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 #: _____

Email #: _____



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

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

**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.

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

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..."