# Harvest Temple Christian Academy

1022 S Main Street, Clyde, Ohio

2023-2024 HTCA ENROLLMENT FORM

**STUDENT INFORMATION**:

| | | |
|---|---|---|
| Name of Student:<br>(Last, First, Middle) | | Birthdate: Age: |
| Residence Address: | | Grade Applying For: |
| City: | Zip Code: | ☐ Boy ☐ Girl |
| Preferred Phone: | Preferred Email: | |

**FATHER'S INFORMATION:**

| | | |
|---|---|---|
| Father's Full Name:<br>(Last, First, Middle) | | Employer: |
| Residence Address:<br>(if different from child) | | Position: |
| City: | Zip Code: | Email:<br>(if different from above) |
| Home/Main Phone: | Cell Phone: | Work Phone: |

**MOTHER'S INFORMATION:**

| | | |
|---|---|---|
| Mother's Full Name:<br>(Last, First, Middle) | | Employer: |
| Residence Address:<br>(if different from child) | | Position: |
| City: | Zip Code: | Email:<br>(if different from above) |
| Home/Main Phone: | Cell Phone: | Work Phone: |

**GUARDIAN'S INFORMATION IF OTHER THAN PARENT:**

| | | |
|---|---|---|
| Guardian's Full Name:<br>(Last, First, Middle) | | Employer: |
| Residence Address:<br>(if different from child) | | Position: |
| City: | Zip Code: | Email:<br>(if different from above) |
| Home/Main Phone: | Cell Phone: | Work Phone: |

**LOCAL EMERGENCY CONTACTS:** (two adults who will assume responsibility if you cannot be reached)

| | | |
|---|---|---|
| Name: | Relationship: | Daytime Phone: |
| Name: | Relationship: | Daytime Phone: |

**CHRISTIAN HISTORY INFORMATION**

| | | |
|---|---|---|
| Name of Church You Are Currently Attending: | | Pastor's Name: |
| Years Attended: | ☐ Regularly ☐ Occasionally ☐ Seldom | |

PLEASE NOTE: The above information gives us your background. It does not preclude you from enrolling in HTCA. However, HTCA does encourage all students, parents, or guardians to attend church regularly. By enrolling your child in HTCA, you will show deference to us when we encourage this policy.

**OFFICE WILL CHECK THIS WHEN RECEIVED**

**NEW STUDENTS ONLY:** ☐ Copy of Birth Certificate ☐ Copy of Shot Records

February 2023

**SCHOOL HISTORY INFORMATION—New Applicants Only**

| | | |
|---|---|---|
| School Last Attended: | | From: To: |
| School Address:<br>(Street, City, State, Zip) | | Fax: |
| Reason for Changing Schools: | | Has your child ever repeated any grade? If yes, please indicate grade. |
| Has your child ever been expelled, suspended, or requested to leave any school? ☐ YES ☐ NO | | |
| Does your child have an IEP? | Does your child have a 504 plan? | Does your child receive special services? (speech, hearing, autism, learning disability, other) |

# Statement of Cooperation

I understand that my child's attendance at Harvest Temple Christian Academy is a privilege and not a right. I understand it is my responsibility to read and understand the policies set forth in the parent/student handbook. If at any time my child's conduct, academic progress, or cooperation with the school authorities is not in keeping with the spirit of the school and the school's requirements, the school at its discretion reserves the right to terminate the child's enrollment.

I hereby agree to recognize and support on the applicant's behalf the school's efforts to promote a Biblical world view: this includes, but is not limited to, reverence for the things of God (His Word, His name, and His standards), respect for authority, and belief systems and lifestyles that are consistent with the teachings of Scripture. I understand that Harvest Temple Christian Academy uses the Bible as the foundation for Academics and moral training. Should conflicts arise due to a parents' or guardians' continual resistance to what is being taught at school and the parents' or guardians' personal beliefs, Harvest Temple Christian Academy reserves the right to refuse re-enrollment or dismiss the student.

I covenant with HTCA that my children will abide by the dress code at school and school functions.

I pledge not to interfere with the school in its efforts to administer discipline in accordance with the standards the school sets for itself. I agree with the school's efforts to train my child according to biblical principles and will encourage him/her in this and in all other phases of the curriculum.

I agree to uphold and support the academic standards of Harvest Temple Christian Academy by providing a place at home for my child to study as well as giving my child encouragement in the completion of homework assignments.

I give permission for my child to take part in all school activities including sports and school sponsored trips away from school premises. I absolve the school from liability to me or my child[ren] because of any injury to my child[ren] at the school or during any school activity.

I understand that I am responsible for all tuition and fees, as well as miscellaneous charges that accrue on the student's account. Payments are due in the amount and on the schedule that I have arranged with the administrator. Should a student withdraw or be dismissed, no refunds will be given, and the current month's charges are still due and payable.

I have read the terms stated on this application and agree to uphold the criteria set forth.

**Signature of Father or Guardian** **Print Name/Date**

**Signature of Mother or Guardian** **Print Name/Date**

**STUDENT NAME:**

| (Last, First, Middle) | Grade: Age: |
|---|---|
| | |

## TO GRANT CONSENT FOR MEDICAL TREATMENT:

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under school authority if parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____ or _____
(Phone #1) (Name of Other Parent/Guardian)

at_____have been unsuccessful, I hereby give my consent for:
(Phone #)

1. The administration of any treatment deemed necessary by Dr. _____

preferred physician, at _____,
(Practice Name/Phone #)

or Dr. _____, preferred dentist, at_____,
(Practice Name/Phone #)

or if the designated preferred practitioners are not available, by another licensed physician/dentist.

2. The transfer of the child to _____ or any hospital reasonably accessible.

Note: This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, agreeing on the necessity for such surgery, are obtained prior to the performance of such surgery. Please inform us of any facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

_____

_____

Signature of Parent or Guardian Date

## REFUSAL OF CONSENT:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury, I wish the school authorities to take no action or to provide no emergency treatment.

Signature of Parent or Guardian Date

## SHOT RECORD LIABILITY FORM

Ohio Department of Health Immunization Program requires all children of school age to have the state required shots before entering school.
Harvest Temple Christian Academy does require a copy of your child's shot record. By signing below, you acknowledge and accept all responsibility that your child has received all his/her shots and is currently up-to-date unless exceptions are noted below.

_____ _____
Signature of Parent or Guardian Date

Please note any exceptions here:_____

_____

2023-2024 HTCA EMERGENCY MEDICAL AUTHORIZATION

February 2023

## MEDICAL INFORMATION:

| | | | | | |
|---|---|---|---|---|---|
| ❒ ADD/ADHD | ❒ Anxiety | ❒ Asthma | ❒ Behavioral | ❒ Developmental | ❒ Hypoglycemia |
| ❒ Hypertension | ❒ Seizures | ❒ Diabetes | ❒ Kidney | ❒ Gastric | ❒ Headache |
| ❒ Hearing | ❒ Heart | ❒ Migraine | ❒ Tumor | ❒ Urinary | ❒ Visual |

Please provide details for anything checked above or not listed:

| | | |
|---|---|---|
| ❒ Yes ❒ No | Dietary Restrictions | Details: |
| ❒ Yes ❒ No | Activity Restrictions | Details: |

## ALLERGIES:

| | | |
|---|---|---|
| Allergy: | Severity: | Treatment: |
| Allergy: | Severity: | Treatment: |

## MEDICATION AUTHORIZATION: (Dosage determined according to age and weight of child)

| | |
|---|---|
| ❒ Yes ❒ No | Children's chewable non-aspirin pain reliever (acetaminophen) (age appropriate dosage) |
| ❒ Yes ❒ No | Pepto-Bismol tablets (age appropriate dosage) |
| ❒ Yes ❒ No | Children's Benadryl (age-appropriate dosage) |

Do you have any special instructions?

## AUTHORIZATION FOR MEDICATION ADMINISTRATION:

To ensure the health and well-being of my child, I understand the state and federal laws allow pertinent health information to be provided to appropriate school personnel. This will be done only on a "need to know basis" in a confidential manner. I agree to alert the school of any changes in my child's medication or health status. I agree to notify the school of any changes in phone numbers, addresses, and emergency contacts so that I can be quickly located in case of an emergency. **I give HTCA permission to administer the above marked medication/s to my child. Should any other type of medication be needed, it is the responsibility of the parents to provide it. All medications must be in the original container or prescription bottle with the proper label.**

_____ _____

Signature of Parent or Guardian Date

| | |
|---|---|
| Name of person filling out form:<br>(please print) | Relationship: |