

OFFICE USE ONLY

START _____ TEACHER _____
FDPS - INF W.INF. TOD PK PTPS - M T W Th F / T3 PK4 PK5
SA BS AS EXT. CARE HOLIDAY EDU CAMP
OTHER _____

Enrollment Form

CHILD'S NAME _____ BIRTH DATE _____ SEX - M F

CHILD PRIMARILY LIVES WITH - MOTHER FATHER OTHER _____

PARENT/GUARDIAN NAME _____ MARITAL STATUS _____
CIRCLE: MOTHER FATHER STEP PARENT GUARDIAN DRIVER'S LICENSE # _____ CELL PHONE _____
ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
CHURCH NAME _____

PARENT/GUARDIAN NAME _____ MARITAL STATUS _____
CIRCLE: MOTHER FATHER STEP PARENT GUARDIAN DRIVER'S LICENSE # _____ CELL PHONE _____
ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
CHURCH NAME _____

PARENT/GUARDIAN NAME _____ MARITAL STATUS _____
CIRCLE: MOTHER FATHER STEP PARENT GUARDIAN DRIVER'S LICENSE # _____ CELL PHONE _____
ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
CHURCH NAME _____

How did you hear about HCA: EE? _____

COURT ORDERS PLEASE SIGN ONE OF THE OPTIONS BELOW:

There are NO court order custody restrictions for this child. _____
I have provided a copy of court orders signed by a judge. _____
I will not be providing a copy, releasing HCA: EE from following orders by the court. _____

THE FOLLOWING PERSON(S) MAY PICK UP MY CHILD (May list others on back)

| NAME | DAYTIME PHONE | AUTHORIZED FOR A PERMANENT SECURITY ID |
|-------|---------------|--|
| _____ | _____ | YES NO |
| _____ | _____ | YES NO |
| _____ | _____ | YES NO |

All Age Children I hereby authorize the staff representing HCA: EE to obtain emergency medical care and to transport my child for emergency medical treatment or to transport my child in the event of emergency relocation.
PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

All Age Children I hereby authorize HCA: EE and grant permission to HCA: EE to photograph my child for the purpose of class enrichment and center publicity. I understand that I do not have any ownership of the negatives.
PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

All Age Children - I hereby authorize HCA: EE to include my child in supervised sprinkler play water activities.
PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

Children K thru 13 Years - I hereby authorize HCA: EE to transport my child to and from school and/or field trips. I understand that I will be notified in advance of all field trips.
PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____

STUDENT HEALTH FORM

CHILD'S NAME _____

Health History

Is this child toilet trained and out of pull-ups? Yes No (Child must be potty trained to participate in our PreK 4, PreK 5, & SA programs.)

Are there any existing or previous illnesses, serious injuries or hospitalizations that we need to be aware of? Yes No

If "yes," please list: _____

Are there any allergies that we need to be aware of? Yes No

If "yes," please list: _____

Are there any dietary restrictions that we need to be aware of? Yes No

If "yes," please list: _____

Are there any activities that need to be limited? Yes No

If "yes," please list: _____

Are there any medications that are given on a regular basis? Yes No

If "yes," please list: _____

Are there any other health concerns? Yes No

If "yes," please list: _____

Children K thru 13 Years - Immunization Records

My school-age child's immunization records are current and on file at the following school:

_____Harvest Christian Academy * 7200 Denton Hwy * Watauga * 817-485-1660

_____Other _____ Address _____ Phone Number _____

Special Emergency Referral Instructions

In the event that I cannot be reached or make arrangement for emergency medical attention at the time of illness or accident, I hereby authorize Harvest Christian Academy or emergency personnel to take my child to...

Doctor _____ Address _____ Phone _____

Hospital

_____Cook Children's * 801 7th Ave., FT. Worth *682-885-4000

_____Texas Health Alliance * 10864 Texas Health Trail, Fort Worth * 682-212-2000

_____Medical City Alliance * 3101 N Tarrant Pkwy, Fort Worth * 817-639-1000

_____Baylor * 1650 West College, Grapevine * 817-488-7546

_____Other _____ Address _____ Phone _____

Additional Comments: _____

Emergency Numbers When Parent/Guardian Cannot Be Reached

Must list at least one (put additional on back)

Name _____ Relationship _____ Phone # _____

Address _____

Name _____ Relationship _____ Phone # _____

Address _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE _____

Nutrition Agreement Form

As of June 1, 2011, licensing tightened regulations related to food provided to children based on The Department of Agriculture's guidelines. This means that we can only serve 1% milk, whole grain products (if here all day we must provide 3 servings), and low-fat meats. Whole milk is to be served to children in our Infant & Toddler classes.

HCA: EE has informed me of the above laws regarding the nutritional requirements placed upon them as a licensed child care facility. I understand that if I send food or drink of any type, I release HCA: EE of any nutritional responsibilities for my child.

Child/Children's Name(s): _____

Guardian's Name: _____

Date: _____



Family Lifestyles & Biblical Values Statement

Harvest Christian Academy's biblical role is to work in conjunction with the home to mold students to be Christ like. Our goal is to offer students a program characterized by a belief in the Christian faith, in the Bible as the Word of God, and a developmentally appropriate enriched hands-on curriculum. Parents enrolling their child in HCA: EE's program are in agreement with these stated goals and desire to provide their child or children with this type of religious/educational environment. On occasion, the atmosphere or conduct within a particular home may be inconsistent or in opposition to the biblical lifestyle the school teaches. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to de-enroll a student.

Parent/Guardian's Signature _____

Date _____

Health Care Licensing Document

NEW Infant, Toddler, & PreK Children
(not needed for re-enrollment of existing clients)

Infant, Toddler, & PreK Children must have a Health Statement of file at HCA: EE. We must have the following statement from each child's enrolling guardian supporting that they can participate in a licensed child care program:

STEP #1 - INITIAL HEALTH CARE STATEMENT FROM PARENT/GAURDIAN

My child has been examined within the past year by a health care professional in the past year: Yes No

My child was found to be able to take part in a child care program. Yes No

Name of health care professional: _____

Health Care Professional's Address: _____

PARENT/GUARDIAN'S SIGNATURE_____ **DATE**_____

STEP #2 - FINAL HEALTH CARE PROFESSIONAL STATEMENT

You must provide us with a copy of a physical that has been done within the past year or a "Health Care Professional Statement" within 30 days of enrollment.

Option #1 - ATTACH A COPY OF A PHYSICAL THAT HAS BEEN DONE WITHIN THE PAST YEAR

Option #2 - HAVE A HEALTH CARE PROFESSIONAL SIGN THE BELOW STATEMENT

I have examined (child's name) _____ within the past year and find that he/she is able to take part in a child care program.

Health Care Professional's Signature

Date

Printed Name

Health Care Professional's Address

Health Care Professional's Phone Number

Special Care Information Sheet

According to *Minimum Standards*, licensed child care programs must ensure that children who need special care due to disabling or limiting conditions receive the care recommended by a health-care professional or qualified professional affiliated with the local school district or early childhood intervention program.

Child's Name _____

HEALTH-CARE PROFESSIONAL My child needs to be provided special care as indicated on the attached health-care professional form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCA: EE.

SCHOOL DISTRICT My child needs to be provided special care as indicated on the attached school district form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCA: EE.

EARLY CHILDHOOD INTERVENTION PROGRAM My child needs to be provided special care as indicated on the attached early childhood intervention program form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCA: EE.

To insure high communication, please list any other specific information that your child needs that has been prescribed by a professional:

I understand that it is my responsibility as the parent/guardian for the above child to provide HCA: EE with current copies of special care documents.

Parent/Guardian's Signature: _____

Date: _____