

**OFFICE USE ONLY**

START \_\_\_\_\_ TEACHER \_\_\_\_\_  
FDPS - INF P1 P2&3 PK4&5 PADPS - M T W Th F / P3 PK4 PK5 PTPS- MWF TTH / P3 PK4 PK5  
SA BS AS EXT. CARE HOLIDAY SAINTS SUMMER CAMP  
OTHER \_\_\_\_\_

**Harvest Christian Academy Preschool Application**

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 \_\_\_\_\_

**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: PRESCHOOL 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: PRESCHOOL 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: PRESCHOOL and grant permission to HCA: PRESCHOOL 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: PRESCHOOL 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: PRESCHOOL 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: PRESCHOOL 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: PRESCHOOL 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: PRESCHOOL'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 students)*

Infant, Toddler, & PreK Children must have a Health Statement of file at HCA: PRESCHOOL. 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



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

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_