



World Harvest Training Center, Inc.

Harvest Christian Academy

1000 Las Alamedas

Edinburg, Texas 78541

Phone: (956) 289-1616 Fax: (956) 383-2887

APPLICATION FOR ADMISSIONS
Elementary

PLEASE
ATTACH
RECENT
PHOTO

APPLICANT _____
LAST NAME FIRST MIDDLE

Current Grade ____ Application for Grade ____ Date of Entrance _____ Male Female

Date of Birth _____ Applicant's Social Security Number _____

Has applicant previously applied for admission to HCA? Yes No

Name of Parents/Guardians _____
(FATHER) LAST NAME FIRST NAME TITLE

(MOTHER) _____
LAST NAME FIRST NAME TITLE

Present Address _____
STREET CITY STATE ZIP

Contact Numbers _____
(FATHER) HOME CELL WORK

(MOTHER) _____
HOME CELL WORK

Applicant lives with:

- Father Stepfather Other
 Mother Stepmother Other

Check any that apply: Applicant's

- Father is deceased Parents are divorced
 Mother is deceased Parents are separated

Father's Occupation _____ Mother's Occupation _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

E-Mail Address _____ E-Mail Address _____

Admission statement: Harvest Christian Academy admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the hiring of all personnel and in the administration of its educational policies, athletic, and other school administered programs.

We first learned of HCA from: Students currently enrolled ___ Minister___ Parents___ Other___

Two key factors influencing us to apply to HCA: ___ Location ___ Christian philosophy ___
Academic program___ Displeased with public school ___ Desire to attend private school ___
Recommendation of HCA family___

CHURCH PRESENTLY ATTENDING _____
NAME ADDRESS # of YRS

Please check the appropriate boxes:

Applicant attends church regularly Parents attend church regularly Other _____
 Applicant belongs to youth group Applicant attends Sunday school _____

LAST SCHOOL ATTENDED _____
NAME GRADE(S) DATE(S)

Address _____
STREET CITY STATE ZIP PHONE

REFERENCES: Please list a teacher, pastor, and family friend who know you well. *Do not list relatives*

Pastor _____ Address _____ Phone _____

Teacher _____ Address _____ Phone _____

Friend _____ Address _____ Phone _____

Emergency Contacts:

1. Name _____ relationship _____

Address _____ City _____ Phone _____

2. Name: _____ relationship _____

Address _____ City _____ Phone: _____

Who has permission to pick up your child this school year:

1. _____

2. _____

3. _____

Brothers and Sister in Family:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

CHILD/FAMILY HISTORY RECORD

Has your child attended a private school program previously? yes____ no____

If yes, where did your child attend? _____

Has your child ever been in a special school or class because of physical condition or health reason?

Yes____ or ____ No Explain_____

Do you feel there are any characteristics relating to the health and personality of your child which would help the teacher and office to understand your child?

Indicate if any members of the immediate family have or have had the following illness:

Tuberculosis____ Diabetes____ Rheumatic Fever____ Epilepsy ____ Cancer____ Mental Illness____

Other significant disease

Speech, hearing, or visual handicaps_____

1. List all allergies and any special precautions of treatments for allergies: (e.g. foods medications, or environmental allergies):

2. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:

3. List any chronic physical problems and any history of hospitalization:

4. List any disease the child has had:

Office use only: ____Accepted ____Not accepted	Principal's Signature: _____
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Emergency Medical Form

Name of Child _____ Age _____ Date _____

Please list any known allergies (Food, Medicine, Animals, etc.) _____

Possible adverse reactions we should know about: _____

Will supply necessary medications to counteract reactions? _____ If no, what should the school office know or do? _____

Please list any other medical condition that needs to be disclosed for the safety/ well-being of your child or other children/adults at this

If you have a need for Prescription or Non-Prescription medicine to be administered during school (including but not limited to RX meds., Tylenol, cough drops, etc.) please fill out an additional form attached to application.

Authorization for Activities/ Medical Agreement

I hereby give consent to have my child participate in field trips away from the school grounds to nearby points of interest. These trips will be supervised by HCA teaching staff.

I hereby authorize the Harvest Christian Academy to provide emergency transportation in case of accidents or acute illness, and arrange for necessary emergency medical and surgical care in the event that I, as parent or guardian, am not immediately available. Any qualified physician, called by Harvest Christian Academy, may treat and do whatever is necessary for the health and wellbeing of my child. It is understood that a conscientious effort must be made to notify me (parents or guardians) before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

We release Harvest Christian Academy, World Harvest Training Center INC. , the Administrator, the Principal, the teachers, the staff, the Pastor and the Board from any claim we may have resulting from illness or injuries sustained by your child while under school supervision , whether at school or away from school premises. We further agree to hold harmless Harvest Christian Academy, World harvest Training Center INC. The Administrator, the Principal, the teachers, the staff, the Pastor and the Board from any injury or damage, which may be caused by our child.

Please Print and fill out completely

Physician's Name _____	Phone _____
Dentist's Name _____	Phone _____
Hospital Preference _____	Phone _____
Mother or Guardian _____	Phone _____
Father or Guardian _____	Phone _____
Emergency Contact _____	Phone _____
Mother's Signature _____	Date: _____
Father's Signature _____	Date: _____
Or Legal Guardian _____	Date: _____

NOTICE: **This form must have two signatures.** If your child is in custody of one parent, please indicate and include and court documents indication this.

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Permission to Administer Medication & Prescription Drugs

School personnel are not authorized to administer medicine to a student unless prescribed by a medical doctor or as recommended by parent or guardian. In both instances, a permission for must be on file in the building or principal’s office. It is requested that when medication is to be given 3 times per day, it should be scheduled in such a way that the medication can be taken at home.

Name:	
Address	
Phone	
Grade Level	
a. diagnosis	
b. Name of Medication	
c. Dosage	
d. Time to be given	
e. Date of medication started	
f. Possible severe adverse reactions	
g. Phone numbers where physician can be reached	1. 2.

Physician’s Signature: _____ Date: _____

All drugs must be received by the person authorized to administer the medication in the container in which it was dispensed by the prescribing physician or a licensed pharmacist.

School personnel are absolved of any liability in case of reaction to the prescribed medication. As the parent or guardian of the above student, your signature on this form constitutes a written request for the listed drug to be administered to the student and an agreement to submit a revised statement signed by the physician if the previously provided information changes.

Parent’s Signature: _____ Date: _____

Photo Release

The law requires that before Harvest Christian Academy may make a videotape of any child or record the voice of any child or authorize the videotaping or video recording of any child, it must first obtain the consent from the child's parents or guardians.

The only time when the law does not require Harvest Christian Academy to obtain consent before making a videotape of a child or authorize the recording of a child without the consent from the child's parents is if the videotape or voice recording is to be used only for the following purposes

- 1) Purpose of safety; including the maintenance of order and discipline in the common areas of the school or on school buses; or
- 2) A purpose related to a co-curricular or extracurricular activity; or
- 3) A purpose related to a regular classroom instruction.

Parent Consent

We/I give consent to Harvest Christian Academy, its agents, servants, or employees to use my child, _____ name, picture, and comments in material such as television, video, printed media and authorize any news media organization to make an audio or videotape or our/my child for school related purposes including, but not limited to, such instances as:

- 1) Classroom parties, student banquets,
- 2) Participation in choir, school
- 3) programs, or similar events other student activities
- 4) Student assemblies
- 5) Student yearbooks
- 6) Participation in sporting events and other
- 7) TAPPS competitions
- 8) School Website

We/I _____ and _____, the undersigned also acknowledge that the above notice and consent to Harvest Christian Academy, its agents, servants, or employees will remain active and in full force while my child remains enrolled in the campus where he/she is currently attending unless we, the revoke the consent in writing.

Parent'(s)/Guardian'(s) Signature: _____

Parent'(s)/Guardian'(s) Signature: _____

Date: _____