

PARENTAL AGREEMENT

(One Per Family)

NAMES OF ALL CHILDREN ATTENDING HARVEST PREPARATORY ACADEMY AND HARVEST CHRISTIAN PRESCHOOL (oldest to youngest)

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

Name of Child

Grade

DISCIPLINE

I understand that sending my children to Harvest Preparatory Academy is a privilege and not a right. The goals of Harvest Preparatory Academy are not to reform, but to train Christian youth in the highest principles of Christian leadership, self discipline, individual responsibility, personal integrity, and good citizenship.

I also believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations and school policies in a manner consistent with Christian principles on discipline as set forth in the Scriptures. This may include such measures as instruction, exhortation, correction, and rebuke.

TRANSPORTATION PERMISSION

I hereby give my permission for Harvest Preparatory Academy to transport my child, provided that the driver has liability insurance in force, a valid NC driver's license, and there is a current NC inspection sticker on the vehicle. I relieve Harvest Preparatory Academy and any representative of H.P. Academy of all responsibility in case of accident or injury. I understand the school provides only general supervision.

HEALTH SCREENINGS

I give permission for my child to participate in the health fitness screening to determine height, weight, vision, hearing, body composition, blood pressure, and speech.

OBSERVATION/EVALUATION CONSENT

I hereby give permission for counseling, observation and instruction to be provided for my child by personnel designated/approved through HPA administrators (such as volunteers, health department employees, intern teachers, nurses and administrators). Permission is also granted for the administration of tests in order to facilitate educational placement and determine appropriate study programs according to individual student needs.

WITHDRAWAL NOTICE

I agree that should I choose to withdraw my child whether before the school year begins or during the year. I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first month I will remain responsible for the complete tuition for that month.

LOCKERS/DESKS

I understand that school lockers and desks are property of the school and that the school has a right to open and search desks and lockers. The school is not responsible for items/articles lost or stolen.

LIABILITY

I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Harvest Preparatory Academy or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages, or other costs that Harvest Preparatory Academy or its agent should incur to defend itself against such action.

This parental Agreement Statement will be in effect for as long as my children listed or others to be enrolled attend Academy, whether it be in the Nursery, Elementary, Junior, Senior High or Summer School.

I understand that should my marital status change, it is my responsibility to have a corrected parental Agreement Statement signed and updated and delivered to Harvest Preparatory Academy.

I realize that Harvest Preparatory Academy is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Harvest Preparatory Academy.

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

STATEMENT OF FAITH

WE BELIEVE.....

1. **The Scriptures:** The inspired, infallible, revealed will of God. (II Timothy 3:15-17, Hebrews 4:12)
2. **The One True God:** A triune being, Father, Son, and Holy Ghost. (Deuteronomy 6:4, Mark 12:29)
3. **The Salvation of Man:** The shed blood of Jesus Christ grace through faith, believing in the heart that God raised Jesus from the dead, and confessing that with the mouth will result in man's salvation. (Romans 3:2;10:9, Ephesians 2:8)
4. **Water Baptism:** An ordinance of the church symbolizing to the world that one has died with Jesus and has been raised with Him to walk in newness of life. (Matthew 28:19, Acts 10:47, 48)
5. **The Infilling of the Holy Ghost:** The infilling of the Holy Spirit with the evidence of speaking in tongues. (Acts 2:1-4)
6. **Divine healing:** As believers, we can receive divine healing through faith and that healing is included in the atonement. (Mark 16:18, Isaiah 53:45)
7. **Operations of the Gifts of the Spirit:** (I Corinthians 12:4-10, Romans 12:5-8, Ephesians 4:11)
8. **The Lord's Supper:** An ordinance of the Church symbolizing the broken body and shed blood of Jesus Christ as the new covenant between God and man. (I Corinthians 11:24, 25, 28)
9. **The Church:** The Body of Christ, the home of God through the Spirit. Each believer born of God's Spirit is an integral part of the general assembly and Church of the First Born which is written in Heaven. (Ephesians 1:22; 2:19-22)
10. **The Tithes:** In tithing (10% of our gross income) as support for the local Church. (Proverbs 3:9, Malachi 3:10).
11. **Sharing Christ With Others:** Sharing through world evangelism and missionary work in accordance with the Great Commission with signs following. (Matthew 28:19, 20)
12. **Total Prosperity:** Spiritual - John 3:-11, II Corinthians 5:17-21; Mental - II Timothy 1:7; Romans 12:2; Physical - Isaiah 53:4, 5; Matthew 8:17; Financial - III John 1,2; Malachi 3:10-11; Social - Proverbs 3:4
13. **The Blessed Hope:** "Awaiting our blessed hope, the appearing of the great God and Savior Jesus Christ. (Titus 2:13)
14. **The Lake of Fire:** Revelations 19:20; 20:10-15

I fully support the Statement of Faith and realize this is the foundation of all teaching my child will receive. I realize that admission to Cumberland Christian Academy depends upon being in agreement with this statement of faith.

Father or Guardian Signature

Date

Mother or Guardian Signature

Date

AUTHORIZATION FOR EMERGENCY

Student _____ Grade _____
Last Name First Name Middle

Home Phone _____ Mother Work# _____ Father Work# _____

In case of emergency illness or accident the child is given first-aid and the parents are notified. If the parents or the child's doctor cannot be located the child will be taken to the Emergency Room of your choice. Cumberland Christian Academy does not assume responsibility for the payment of hospital, doctor or ambulance fees.

Health Insurance: _____

Policy Holder: _____ Policy Number _____

I/we the undersigned parent(s) or legal guardian of the minor(s) listed below:

_____ Birth date _____
(Minors Name)

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of North Carolina and hospital service that may be rendered to said minor under the general specific or special consent of an acting agent of Cumberland Christian Academy, the temporary Custodian of the minor whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of North Carolina. I/We authorize the physician or dentist to call in any necessary consultants in his/their own discretion. We further authorize the said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or members.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

To be signed and witnessed during registration

This consent shall remain effective for the duration of the students enrollment at Cumberland Christian Academy unless sooner revoked in writing delivered to said physician or dentist or to said persons entrusted with the custody care and control of said minor children.

DATED _____
Father

Mother

Witness: (Other than Custodian(s))

Legal Guardian