



# ADMISSION AND REGISTRATION FORM

## HERITAGE CHRISTIAN ACADEMY

655 Boxberry Hill Road, East Falmouth, MA 02536  
508-564-6341 academy@hcaoncapecod.com

Students Name \_\_\_\_\_  
First Middle Last  
 Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_  
 Extended care needed? Please circle one. 12:00 p.m - 3:00 p.m. 12:00 p.m. - 5:30 p.m. 3:00 p.m. - 5:30 p.m.  
 Home Address \_\_\_\_\_  
Street Address & P.O. Box City State Zip  
 D.O.B. \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Student E-mail \_\_\_\_\_

### Father or Male Guardian

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_  
 Phone (cell) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 If divorced who has legal Custody? \_\_\_\_\_  
 Who would receive school mail? \_\_\_\_\_

### Mother or Female Guardian

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_  
 Phone (cell) \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Employer Address \_\_\_\_\_

**Families re-registering skip to back.**

### Educational Information

Present/Previously Attended School \_\_\_\_\_ School Address \_\_\_\_\_  
 Public \_\_\_\_\_ Parochial \_\_\_\_\_ Private \_\_\_\_\_ Home Schooling \_\_\_\_\_ Has applicant repeated any grade? Yes \_\_\_\_\_ No \_\_\_\_\_ What Grade? \_\_\_\_\_  
 Does your child have a 504 or I.E.P. (Individual Education Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please submit copy with application.*  
 Does your child have any cognitive or emotional needs, physical challenges or illness? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Describe \_\_\_\_\_  
 Has your child ever been expelled or been subject to any major school disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please explain on a separate paper.*

### Church Affiliation

Do you attend church regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ Place of Worship? \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Has your child ever made a profession of faith in Christ? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

### How did you hear about Heritage Christian Academy?

Alumnus \_\_\_\_\_ Minister/Church \_\_\_\_\_ Current Parent \_\_\_\_\_ Current Student \_\_\_\_\_ Mailing \_\_\_\_\_  
 Faculty Member \_\_\_\_\_ Website \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Other \_\_\_\_\_

### General Questions:

Please state why you want your child to attend Heritage Christian Academy? \_\_\_\_\_  
 \_\_\_\_\_  
 What is your understanding of Christian Education? \_\_\_\_\_  
 \_\_\_\_\_  
 How do you see the relationship between your home and our school in regards to educating and discipling your child? \_\_\_\_\_  
 \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Date of Interview \_\_\_\_\_  
 Application Fee Ck # \_\_\_\_\_ Cash \_\_\_\_\_  
 Accepted \_\_\_\_\_ Denied \_\_\_\_\_ Conditional \_\_\_\_\_ **Pg. 1**

### Medical Emergency Statement

In case of illness or accident, if I cannot be reached, and/or when delay would be dangerous, I hereby give permission for Heritage Christian Academy to secure any necessary medical care for my child (name) \_\_\_\_\_ and to otherwise act in my behalf. This includes the administration of Benadryl if my child has any form of allergic reaction where upon observation, immediate attention is required. This also includes the administration of anesthesia if a physician advises surgery.  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Contacts

In the event of an emergency, if parents are not available, nearest friend or relative to contact:  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I give HCA permission to consult with or dismiss my child to the above named friend or relative in the event that I cannot be reached in emergency situations:

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child Release information**

Besides the child's parent(s), the following are persons with whom I give authorization to pick up my child at dismissal:

Name \_\_\_\_\_ Car Make & Model \_\_\_\_\_

Name \_\_\_\_\_ Car Make & Model \_\_\_\_\_

Name \_\_\_\_\_ Car Make & Model \_\_\_\_\_

Name \_\_\_\_\_ Car Make & Model \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Medical Information**

Does your child have any allergies? Yes \_\_\_ No \_\_\_ *If yes, please explain* \_\_\_\_\_

Is there any medical or other reason that your child cannot participate fully in any normal school activities, including athletics or extracurricular activities? Yes \_\_\_ No \_\_\_ *If yes, please explain* \_\_\_\_\_

Are there any special factors or conditions, including any special medications affecting your child that we need to be informed of? Yes \_\_\_ No \_\_\_ *If yes, please explain* \_\_\_\_\_

Has your child had all of their immunizations required by law? Yes \_\_\_ No \_\_\_ *If no, please explain* \_\_\_\_\_

**Waiver & Release**

I am fully aware of the risks of injury, as well as other damages and losses, associated with my child's participation in any recreation programs while attending Heritage Christian Academy. I agree on behalf of myself, my child and our heirs and personal representatives, that Heritage Christian Academy, including its employees, volunteers, agents, and all other personnel, shall not be held liable for any injury or other loss or damage that may result from my child's participation in a Heritage Christian Academy Program or Youth activity.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Further, I hereby give permission for my child to be photographed and/or videotaped by the Academy in conjunction with its youth, academic or other activities to be used solely for the promotion and/or advertisement of HCA and/or those activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**HCA Mission Statement**

*Heritage Christian Academy provides a Christ-centered environment that instills a high standard of academic achievement, integrity and leadership.*

By signing this application you are indicating that you have read our mission statement, that you have read the family handbook, that you understand and agree with our statement of faith and support the fact that your child will be influenced by a Christian worldview while attending HCA.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

New Applicants please return signed Admission/Registration form with Application fee payable to HCA.