



2750 Robindale Road, Henderson, Nevada, 89074 (702) 270-2595

APPLICATION FOR ENROLLMENT

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is the parent/guardian's responsibility to notify our front office immediately of any changes of information. We will not give out your personal information to any unauthorized personnel.

Parent/Guardian (1): _____ SS#: _____ Circle Relation: Mother Father Other
 Parent/Guardian (2): _____ Circle Relation: Mother Father Other
 Who is the Child's Legal Guardian? _____ Circle Status: Married Single Divorced Widowed

Address: _____ City: _____ State: _____ Zip: _____
 Home Phone No. _____

Parent/Guardian (1) Cell No. _____ Parent/Guardian (1) E-mail: _____
 Parent/Guardian (1) Employer _____ Employer's Address: _____
 Employer's No. _____ Work hours: _____
 Parent/Guardian (2) Cell No. _____ Parent/Guardian (2) E-mail: _____
 Parent/Guardian (2) Employer: _____ Employer's Address: _____
 Employer's No. _____ Work hours: _____

Child's Name: _____ **Birth date:** _____

Circle Program: Infant Toddler Pre-school Pre-Kindergarten Kindergarten

Other members of the family living with the child:

Who may NOT pick up the child?

Who is authorized to pick up the child?

Family Doctor and/or Clinic? _____

Address _____ **Phone No.** _____

Parent/Guardian's Signature: _____

For Office Use Only

Date application received: _____ To be assigned to: _____

Date to start: _____ Schedule: _____

Initial Registration Fee paid (date): _____ Initial Tuition amount: _____

Administrator's Signature _____



HENDERSON CHRISTIAN ACADEMY
Where Angels Learn and Play

Henderson Christian Academy Tuition Agreement

At the time of your child's enrollment and every August thereafter, you will be asked to sign a new tuition agreement for the coming year and pay the annual registration and curriculum fee.

Tuition Payment Procedures:

- Infant, Toddler, Pre-School, and Pre-Kindergarten tuition is paid bi-weekly or monthly.
- Your child's tuition is due in advance of attendance the first day of the week your child attends – No Refunds will apply.
- There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.
- In case of illness the tuition must be paid by close of business Tuesday of the current week to avoid late fee.
- In case of vacation the tuition must be left before departure to hold the child's place; a two week notice is required to both the child's teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child being withdrawn from enrollment.
- Any return checks will incur a \$25.00 RETURN CHECK FEE. After two(2) returned checks, only and/or money orders will be accepted.
- A *LATE FEE* of \$25 will be charged for payments received after close of business of due date.
- Your scheduled days are fixed. For any changes, a "Change of Information" form must be filled out 1-2 weeks prior to the next attendance.

My child, _____, is enrolled in the following program:

- Infant Preschool
 Toddler Prekindergarten

attends

1 2 3 4 5 Full Half days;
every Monday Tuesday Wednesday Thursday Friday of each week
the tuition for which is _____.

I have read this form and agree to the tuition agreement, and agree to abide by these rules and policies.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date

Henderson Christian Academy, School Official

*The above information is subject to change without prior notice

SERVING CHILDREN AND THEIR FAMILIES WITH EXCELLENCE
A PRIVATE SCHOOL



HENDERSON CHRISTIAN ACADEMY

Where Angels Learn and Play

Tuition Rates & Fees Policies

Fees Policies

- **REGISTRATION FEE** must be paid in full at time of enrollment and annually each August thereafter. No refunds will apply.
- **DROP-IN FEE** is \$75.00 and due upon arrival. Our drop in arrangement is provided as a courtesy, for emergency situations to assist our parents and is subject to availability.
- Any returned checks will incur a \$25.00 RETURN CHECK FEE. After two (2) returned checks, only cash and/or money orders will be accepted.
- A **LATE FEE** of \$25.00 will be charged for payments received after close of business of due date.
- Children not picked up by 6:30 p.m. (12:00 p.m. for half-day students) will incur a fee of \$1.00 per minute and will be due at time of pick-up.

I Initial: _____

Tuition Policies

- Infant, Toddler, Pre-School, and Pre-Kindergarten Tuition is paid weekly.
- Your child's tuition is due in advance of attendance the **first day** of the week your child attends – No refunds will apply.
- **There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.**
- In case of illness the tuition must be paid by close of business Tuesday of the current week to avoid late fee.
- In case of vacation the tuition must be left before departure to hold the child's place; a two-week notice required to both the child's teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child **being withdrawn** from enrollment.

Initial: _____

General Policies

- Enrollment of more than one child from the same immediate family – 10% discount will apply (*Discount applied to the tuition of equal or lesser value*) Not applicable to elementary program.
- All St. Rose Hospital Employees will receive a 10% discount on tuition. Not applicable to elementary program.
- Our discounts are not compounded
- Out-of-state and two-party checks will not be accepted.
- Please refer to Henderson Christian Academy Student Handbook for additional policies.

Initial: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____



HENDERSON ACADEMY
CHRISTIAN

A Private School

2750 Robindale Road, Henderson, NV 89074 (702) 270-2595

ADMISSION FORM

Last Name _____

First _____

Birth date(day/month/year) _____

Personal History

Type of Birth: Normal Premature; any complications? _____
Does the Child: Crawl Walk Has the child begun talking? Yes No
Does the Child speak: Words Sentences What language(s)? English Other _____

Health

What arrangements can you make for the child's care during illness? _____
What communicable diseases has your child had? Measles(big red) Measles(3 day) Mumps Chicken Pox
Whooping Cough Other _____
Any serious illness or hospitalization? No Yes _____
Any physical disabilities? No Yes _____
Any known allergies? (Asthma, Hay fever) No Yes _____
Are there medications given regularly? No Yes _____
Are there any foods your child is allergic to? _____

Toilet Habits

Can your child be relied upon to indicate his/her bathroom wishes? Yes No Does your child have frequent toilet accidents? Yes No
How does your child react to them? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken? _____
What is the child's mood on awakening? _____
Does your child nap: In the morning In the afternoon
Give your child's nap schedule _____

Social Relationships

Does the child spend time with both parents? Yes No
If the parents are separated, how often does your child see the absent parent? _____
Has your child had experience playing with other children? Yes No
By nature, is your child: Friendly Aggressive Shy Withdrawn
Do you feel your child adjusts easily to a childcare situation? Yes No
Does your child enjoy being alone? Yes No
How does your child relate to strangers? _____
What makes your child angry or upset? _____
How does your child show his/her feelings? _____
Who does most of the disciplining? _____
What do you find is the best way of handling your child? _____
Is your child frightened by any of the following: Animals The Dark Storms Loud Noises Other _____
In what particular ways can we help your child? (Please use other side of page if necessary.) _____



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Consent for Treatment

This is to certify that for the period that my child attends Henderson Christian Academy, I hereby constitute and appoint: **Henderson Christian Academy** my true and lawful attorney, for the purpose of authorizing treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my children.

Child's Name Birthday Allergies/existing conditions Date of last Tetanus

Family Physician: _____ Telephone: _____

Address: _____

Parent/Guardian: _____
(signed)

Witnessed By: _____

Witnessed By: _____

(This form must be signed by two witnesses)



INSURANCE VERIFICATION

I certify that my child _____ has full health and accident coverage with:

Name of Carrier: _____

Policy Number: _____

Expiration Date: _____

This policy covers any and all accidents and/or injuries that may be sustained while engaging in any activities during the school day while attending Angels Christian Academy. In the event of any charge or cancellation of the above policy or substitution of the policy for another, I will immediately notify the school in writing such action and provided updated information.

Signature: _____

Date: _____

.....
APPROVAL FOR EMERGENCY TRANSPORTATION

This is to certify that the parents/guardian of (Student's Name): _____

give full permission to Angels Christian Academy's authorized staff to call ambulance service or otherwise provide emergency transportation to a medical facility for evaluation and/or emergency medical treatment, if deemed necessary by the authorized staff.

Parent/Guardian's Name: _____

I understand that all efforts by Angels Henderson Christian Academy will be made promptly attempt to contact the parent(s)/guardian(s) listed on the emergency contact list on file for the student. However, the school will not withhold a student for emergency transport pending parent/guardian approval. If the school causes emergency transport to occur, the undersigned release Angels Christian Academy from responsibility for all cost, liabilities, and/or damages associated with medical transport and/or treatment.

Signature: _____ Date: _____



PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that the time my child, _____
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves,
such as schools, health care personnel, welfare or other governmental officials.

Signature of Parent/Guardian

Date

.....

I do not give permission to release information about my child as set forth in the aforementioned
statement. I realize that the Bureau of Services for Child Care has access to my child's record as
the licensing agent.

Signature of Parent/Guardian

Date



RELEASE FORM

Student _____ Program/Grade _____

Photo/Videotaping/Media/Newspaper/Webiste Permission Release

Throughout the year, Henderson Christian Academy may be taking pictures and videotaping during classroom and/or school activities. As such, in some instances HCA might like to use some of these photos or videos (such as on our website or school bulletins).

Based on the foregoing, I authorize Henderson Christian Academy to use any photograph(s) or video(s) of my son/daughter/grandchild for any type of school/display publications. I release all rights and claims of any nature, which my student, family and I may have in connection the photographs or videos.

- YES**, I authorize Henderson Christian Academy to use any photograph(s) and/or video(s) of my son/daughter/grandchild.
- NO**, I do not authorize the use of any photograph(s) or video(s) of my son/daughter/grandchild.

Off-Campus Activities

- YES**, I grant permission for my student to participate in all school field trips. The school will advise the parent/caregiver in advance of all trips. I understand that I may revoke this permission at any time. If I desire to take this action, I must notify the School Administrator of Henderson Christian Academy in writing prior to the field trip(s).
- NO**, I do not grant permission for my student to participate in any field school field trips. I am aware that when there are field trips my student must remain home.

Signature: _____ Date: _____



Summary of Facility Complaints Compliance

Childcare facilities must fill out a standardized form listing a summary of complaints the facility has received in the last 12 months. This form is to be given out to newly enrolled families and upon request from parents who are considering enrolling their child in the facility.

NRS 432A.178

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent Signature

Date



“A Private School”

Dear HCA Families,

For the safety and welfare of all children at Henderson Christian Academy, please be aware that we use pest control services. In addition, air fresheners are on campus and used throughout the building.

Printed Name

____/____/____
Date

Signature



HCA HANDBOOK POLICIES AGREEMENT

I have received and read a current copy of the Student Handbook. In doing so, I acknowledge and agree to all the policies and procedures.

I also realize that during my child's enrollment at Henderson Christian Academy I will be informed from time to time of various changes in school policies. I understand that Henderson Christian Academy reserves the right to change policies at any time.

Child's Name

Date

Parent/Guardian Signature

Date

Please return this form to the front office prior to your child's first day and keep a copy for your records. Thank you!



MEDICAL REPORT

Name of Child

Date of Birth

Tests and Immunizations:

| | | |
|---|-------|----------|
| Tested For: | Date: | Results: |
| <input type="checkbox"/> Tuberculosis (Skin Test) | _____ | _____ |
| <input type="checkbox"/> Tuberculosis (Chest X-ray) | _____ | _____ |
| Other (Specify) | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Immunization Schedule: Immunization shall be administered in accordance with medical practices as recommended by the Clark County Health District and/or the Academy of Pediatrics.

| Type of Immunization | Date of Immunizations | Booster Date |
|---|------------------------------|---------------------|
| <input type="checkbox"/> Rubella | _____ | _____ |
| <input type="checkbox"/> Measles | _____ | _____ |
| <input type="checkbox"/> Mumps | _____ | _____ |
| <input type="checkbox"/> Whooping Cough | _____ | _____ |
| <input type="checkbox"/> Diphtheria | _____ | _____ |
| <input type="checkbox"/> Tetanus | _____ | _____ |
| <input type="checkbox"/> Poliomyelitis | _____ | _____ |
| Other (Specify) | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Findings and Recommendations:

Findings: (Exam revealed the following significant physical and emotional conditions)

Recommendations: The individual was found free of communicable diseases and otherwise physically and emotionally fit for a facility caring for minors.

 Date

 Physician Signature

Address _____

Telephone _____