

**Heritage Christian School
3585 Thruston-Dermont Road
Owensboro, KY 42303
(270) 685-4002**

**Registration Form
2017-2018**

THIS SECTION FOR OFFICE USE ONLY

Date Received _____ Registration Fee _____

PLEASE COMPLETE THE FOLLOWING **FOR EACH STUDENT**

Child's Name

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age as of 10/1/17 _____

Sex: Male _____ Female _____ Race _____ Student's SS# _____

Parent's e-mail address _____

Grade or Program to enter:

Two Day Preschool – Tues/Thurs _____ *Three Day Preschool – Mon/Wed/Fri* _____
(3 year olds) _____ *(4 year olds)* _____

Kindergarten _____ *First Grade* _____ *Second Grade* _____

Third Grade _____ *Fourth Grade* _____ *Fifth Grade* _____

Sixth Grade _____ *Seventh Grade* _____ *Eighth Grade* _____

If your child has attended a school prior to Heritage Christian School, please give the name, address of the school and dates attended:

Father's Name		
Last _____	First _____	Middle _____
Country or state of birth _____		
Name of the local church you attend _____		
Employment _____		
Work Phone _____	Cell Phone _____	
Mother's Name		
Last _____	First _____	Middle _____
Country or state of birth _____		
Name of the local church you attend _____		
Employment _____		
Work Phone _____	Cell Phone _____	

Name of person assuming financial responsibility for this student:	
Name _____	Phone _____
Address _____	

If your child lives with only one parent, please complete the following:	
Name of parent with whom child does NOT live _____	
Full Address _____	
Phone _____	

Grandparent Name(s) _____
Full Address _____

Grandparent Name(s) _____

Full Address _____

(If more room is needed, please use the back of the last page of this registration form.)

Emergency/Medical Information
Please Complete In Full FOR EACH STUDENT

Child's Name _____ **Grade** _____ **Date of Birth** _____

Parent's e-mail address _____
(Please include e-mail address on this page as well as the first page of the application form.)

PARENT/GUARDIAN Emergency Contacts

Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

IN CASE OF EMERGENCY, and parent cannot be reached, please give names, addresses, and phone numbers of two **ACCESSIBLE** relatives or friends:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

If your child has any health problems (allergies, asthma, diabetes, etc.) **PLEASE** list them below. Please indicate if any of these conditions limit your child's physical activity.

Please list **ANY** medications that your child takes regularly:

Please mark the medications that your child may receive from the school office:

Junior acetaminophen (160 mg) Yes ___ No ___ Adult acetaminophen (500 mg) Yes ___ No ___

Junior ibuprofen (100 mg) Yes ___ No ___ Adult ibuprofen (200 mg) Yes ___ No ___

Child's Physician _____ Phone _____

Other children in the family:

Enrolled in HCS

Yes/No

Name _____ Birth Date _____ / _____

Name _____ Birth Date _____ / _____

Name _____ Birth Date _____ / _____

Name _____ Birth Date _____ / _____

Please explain why you would like your child enrolled in Heritage Christian School.

Has your child ever been treated for any learning disabilities or behavior problems?

Yes ___/No ___

Does your child have (or have they ever had) an IEP (Individual Education Plan)?

Yes ___/No ___

Has your child ever been suspended, placed on disciplinary probation or expelled?

Yes ____/No ____

If you answered yes to any of the above questions, please explain briefly.

PARENTS, PLEASE READ AND SIGN BELOW

I have read ALL the materials concerning enrollment and the student handbook. I agree with the educational, disciplinary, and moral policies of Heritage Christian School and will support the administration with regard to these policies. The foundation for every policy is the unchanging, inspired, and inerrant Word of God, which is always a "lamp to our feet and a light to our path." If I have a problem, question, or concern with the school, I will contact my child's teacher or the school administration. Heritage Christian School reserves the right to discontinue enrollment of any student whose lifestyle, conduct, influence, attendance, or progress is not in keeping with the moral and academic standards of the school.

I understand my financial obligations toward the school, and will be faithful in my prompt payment of scheduled fees. I will notify the school administration if special financial problems arise. Please understand that Heritage Christian School maintains the right to refuse readmission of any student whose account is seriously delinquent.

I hereby give my permission for my child to participate in all school activities, including off-campus field trips. I also give my permission for agents of Heritage Christian School to authorize emergency medical treatment for my child. I will assume full responsibility for the cost of such treatment.

Signed _____ Date _____

Signed _____ Date _____

(If child lives with both parents, both signatures are required.)

LETTER OF INTENT

The following letter of intent is an important part of your child's registration. Signing this letter will not guarantee your child a place, but it will increase the likelihood that he/she will be accepted as a student. This letter is an indication of your intent, barring unforeseen circumstances, to keep your child at Heritage Christian School through the eighth grade. This letter of intent will apply to all students registering for preschool through seventh grade.

We the parents/guardians of _____
do hereby indicate our sincere intent to keep our child in Heritage Christian School through the eighth grade.

Signed _____ Date _____