

COOL SCHOOL (RISING K5-6TH GRADE) APPLICATION FORM 2025

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



Enrolled at HCA for SY 2025-2026: Yes No Next Grade: _____

Dates to Attend:

6/02-6/06

\$230 a week per student

\$195 a week for HCA-enrolled students for SY 2025-2026

6/09-6/13

\$230 a week per student

\$195 a week for HCA-enrolled students for SY 2025-2026

6/16-6/20

\$230 a week per student

\$195 a week for HCA-enrolled students for SY 2025-2026

6/23-6/27

\$230 a week per student

\$195 a week for HCA-enrolled students for SY 2025-2026

6/02-6/27 (all 4 weeks)

Total for 4 weeks if paid by May 13 (\$85 Rebate)
\$835 per student

\$695 for HCA-enrolled students for SY 2025-2026

**Note: Late Stay (3:00-5:00 pm) is \$15 per day
(due on Fridays)**

Last Name: _____ First Name: _____ English Name: _____

Birthdate: _____ Current Age: _____ Home Phone: _____ Male Female

Mailing Address:

Father's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact:

Mr. Mrs. Miss Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Photo Release

Do you give permission to use any pictures of your child for any Harvest Christian Academy published media? Yes No

Medical Information

Does Your child have any drug allergy? Yes No If yes, please explain: _____

Does Your child have any food allergy? Yes No If yes, please explain: _____

Does Your child have any serious illness? Yes No If yes, please explain: _____

Does Your child have any heart problems? Yes No Does Your child have any convulsions? Yes No

Does Your child have any physical handicap? Yes No If yes, please explain: _____

Does Your child take medicine on a regular basis? Yes No If yes, please explain: _____

Does Your child have any restrictions on physical activity? Yes No If yes, please explain: _____

Do you give permission for your child to receive Tylenol or any over-the counter medication if the need arises? Yes No

By signing below, I agree to pay the applicable fees and submit the required documents with this application. I understand that the fees are non-refundable. I also understand that I am responsible for other additional costs (food from the cafeteria, extended care, etc.) incurred while my child is attending any summer programs of Harvest Christian Academy. I hereby give my child permission to attend field trip activities upon notification. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, I will promptly withdraw my child. To my knowledge, all information is complete and correct.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

For Office Use Only:	
Date: _____	Time: _____
Excel <input type="checkbox"/>	Facts <input type="checkbox"/>