

Directions for filling out Enrollment Forms:

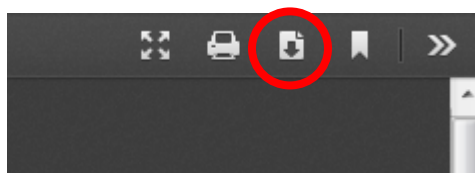
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

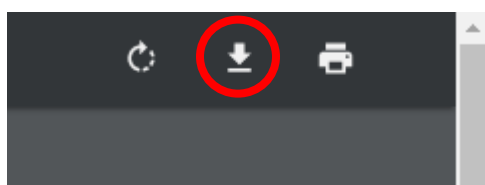


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

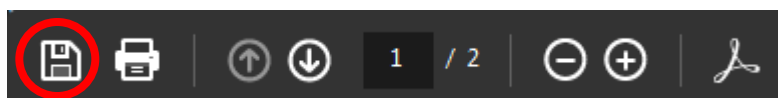
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the required, completed forms to the School Office.

NEW STUDENT INFORMATION

2025-2026 SCHOOL YEAR

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



HARVEST
CHRISTIAN ACADEMY

Student's Last Name _____ First Name _____ Grade _____

Father's Name _____ Social Security # _____

Legal Custody Authorized to Receive Communication Financial Responsibility

Mother's Name _____ Social Security # _____

Legal Custody Authorized to Receive Communication Financial Responsibility

Legal Guardian's Name _____ Social Security # _____

Legal Custody Authorized to Receive Communication Financial Responsibility

List three people who are authorized to pick up your child and will assume temporary care if the school is unable to reach you.

1. Mr. Mrs. Miss Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext. _____

2. Mr. Mrs. Miss Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext. _____

3. Mr. Mrs. Miss Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____ ext. _____

PHOTO RELEASE

Photographs are taken regularly around campus. These images often feature students in our internal communications to HCA families (e.g., weekly newsletters). However, if you do not wish to have your child's photo used in outside communications (e.g., published media including but not limited to newspaper articles, HCA brochures, Harvest Ministries websites and social media accounts), please indicate below. If a student participates in group events (i.e. band, orchestra, choir, athletics, Drama), their photo might be used for promotion/social media.

Yes, my child's photo may be used in outside communications.

No, my child's photo may not be used in outside communications.

HCA YEARBOOK

The 2025-2026 school yearbook will cost \$150. If you would like to purchase one, please indicate your choice of payment plan.

Yes, I would like to purchase a yearbook for my child. Please bill me in four installments of \$37.50 each beginning November 2025.

Yes, I would like to purchase a yearbook for my child. Please bill me \$150 on my November 2025 statement.

No, I do not wish to purchase a yearbook for my child.

HARVEST FAMILY RADIO

Harvest Family Radio provides a service and source of enjoyment for our island families. Please indicate if you would like to contribute a gift on a monthly basis beginning with the August 2025 statement (optional):

\$5 per month \$10 per month \$20 per month Other _____

I understand that I am responsible for all costs (tuition, fees, cafeteria, the HUB, etc.) incurred while my child is enrolled at Harvest Christian Academy. I understand that the Enrollment Fee, Textbook Fee, and miscellaneous fees are non-refundable. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. In addition, if my child should withdraw or be dismissed from school for any reason, I understand that a Withdrawal Fee will be charged along with applicable tuition charges. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, Parent Student Handbook, and Statement of Faith, I will promptly withdraw my child. Upon withdrawal of my child, all fees and tuition will be due. To my knowledge, all information is complete and correct.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

MEDICAL INFORMATION

2025-2026 SCHOOL YEAR
(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



Student's Name _____ Birthdate _____ Male Female

Father's Name _____ Mother's Name _____

ETHNIC GROUP (for Public Health Records) – Check all that applies: African American Caucasian Chamorro
Chinese Filipino Japanese Korean Other: _____

Does your child have or had any:

If yes, please explain:

- ▶ Drug allergy? Yes * No _____
- ▶ Food allergy? Yes * No _____
- ▶ Serious illness? Yes No _____
- ▶ Heart problems? Yes No _____
- ▶ Convulsions? Yes No _____
- ▶ Physical handicap? Yes No _____
- ▶ Medicine taken on a regular basis? Yes No _____
- ▶ Restriction of any physical activity? Yes No _____
- ▶ Other medical conditions or concerns? Yes No _____

* **If your child has any severe allergies, please fill out the [Emergency Care Plan for Anaphylactic Allergies Form](#). Forms are also available in the School Office.**

Do you give permission for your child to receive Tylenol or any other over-the-counter medication (i.e.: Motrin, Sudafed, Pepto-Bismol, etc.) if the need arises? Yes No

Have shot records been provided? Yes No (Please see below for immunization requirements)

Latest PPD Test Reading Date: _____

All new students are required by Public Health to have a negative PPD skin test result within one year of the start of school when transferring from another school or Guam or within six months when transferring from off-island.

Note: If PPD Test is positive, an x-ray from any Guam medical clinics and a Public Health Clearance form is required. A student may not attend school without providing PPD test results or clearance if necessary.

TO MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

Immunization Requirements:

	MMR Dose 1	MMR Dose 2	Hep B Doses 1-3	Polio Doses 1-3	Polio Dose 4	Hib Doses 1-4	DTaP Doses 1-4	DTaP Dose 5	TD/Tdap
K3-K4	√		√	√		√	√		
K5	√	√	√	√	√	√	√	√	
1 st -6 th	√	√	√	√	√		√	√	
7 th -12 th	√	√	√	√	√		√	√	√

We understand that there may be some variations for your child due to spacing and catch-up immunizations. Please check with your child's physician to ensure that his or her immunizations are current.

SCHOOL RECORDS RELEASE FORM

2025-2026 SCHOOL YEAR

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



HARVEST
CHRISTIAN ACADEMY

Student's Name: _____
Last First Middle

Date of Birth: _____ Current Grade: _____ Grade Entering (SY 25-26): _____
MM/DD/YYYY

Previous School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Contact's Name: _____ Contact's Email Address: _____

By signing below, I hereby authorize the release of my child's records as requested by Harvest Christian Academy in order to be considered for admission. I understand that this information will be used in a confidential and professional manner in the best interest of the child involved. This form is in compliance with the Family Education Rights and Privacy Act of 1974.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

Records to be Released:

- ✓ **Most recent report card**
- ✓ **Official report cards/transcripts**
- ✓ **Standardized Test Scores**
- ✓ **Medical Records**

Please send the above listed documents to this address:

Harvest Christian Academy – Principals'
Office 170C Machuate St.
Barrigada, GU 96913