

## Directions for filling out HCA Enrollment Forms Package:

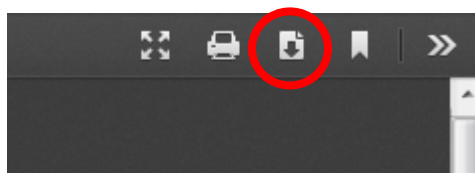
1. Use **Adobe Acrobat Reader** to view form.

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

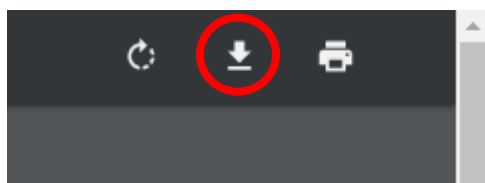


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

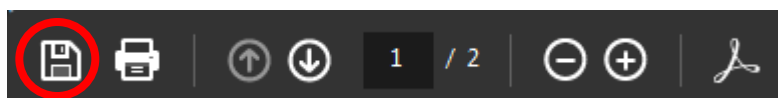
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the completed forms to the **School Office**.



**NEW STUDENT REGISTRATION**  
(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

SCHOOL YEAR **2018-2019** 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 \_\_\_\_\_

2. Mr.  Mrs.  Miss  Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Mr.  Mrs.  Miss  Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PHOTO RELEASE**

Photographs are taken regularly around campus. These images often feature students and are used in published media including (but not limited to) newspaper articles, HCA brochures and newsletters, and Harvest Ministries websites and social media accounts. This includes published class and Athletic Team photos. Please indicate whether or not you give HCA permission to use any pictures of your child.

**Yes**, I give Harvest Christian Academy permission to use any pictures of my child in the above stated media.  
 **No**, I do not want my child's picture to be used in the above stated media.

**HCA YEARBOOK**

The 2018-2019 school yearbook will cost \$75. 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 three installments of \$25 each beginning January 2019.  
 **Yes**, I would like to purchase a yearbook for my child. Please bill me \$70 on my August 2018 statement (**SAVE \$5**).  
 **No**, I do not wish to purchase a yearbook for my child.

**HARVEST FAMILY RADIO**

Since the radio station provides a service and source of enjoyment for my family, I would like for the following amount to be added to my bill on a monthly basis beginning with the August 2018 statement (optional):

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

I understand that I am responsible for all costs (tuition, fees, cafeteria, bookstore, 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. 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, 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**  
(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: \_\_\_\_\_

<p>Does your child have or had any:</p> <p>▶ Drug allergy? Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>▶ Food allergy? Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>▶ Serious illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>▶ Heart problems? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>▶ Convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>▶ Physical handicap? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>▶ Medicine taken on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>▶ Restriction of any physical activity? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**\* 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

Note: If PPD Test is positive, an x-ray from any Guam medical clinics and a Public Health Clearance form is required.

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

\_\_\_\_\_ DATE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY:			
IMMUNIZATIONS			
Required Vaccines	Dates Given		
DPT			
Hib			
Polio			
Hep B			
MMR			
TD or Tdap			
	Date Given	Date Read	Results
PPD(TB Test)			

\_\_\_\_\_ NURSE'S SIGNATURE



**SCHOOL RECORD RELEASE FORM**  
(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

Student's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

Current Grade: \_\_\_\_\_ Grade Entering (SY 18-19): \_\_\_\_\_

Previous School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If the student is coming from an international school, please fill out the required information below:**

International School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Country: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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**  
**P.O. Box 23189**  
**Barrigada, Guam U.S.A. 96921**



**OPTIONAL GROUP STUDENT INSURANCE APPLICATION**  
(PLEASE TYPE OR PRINT IN **BLACK OR BLUE INK.**)

Coverage Plan (during school time only): Provides accident insurance protection from the first day of school (or the date of enrollment, whichever is later) until the last day of the regular school year. This includes traveling to and from school; while attending classes on school premises; and while participating or attending as a spectator in any school-sponsored activity inside or outside school premises under the direct supervision of the proper school authority.

Name of Student \_\_\_\_\_  
Last Name First Name Birthdate

Please check one (1) of the following:

Yes, I would like to accept the student accident insurance coverage. I understand that a **\$25 non-refundable charge** will be added to my account in the next billing.

\_\_\_\_\_  
BENEFICIARY NAME (PARENT/GUARDIAN) RELATIONSHIP TO STUDENT

By signing below, I agree to the terms and conditions as described in the "Group Student Personal Accident Insurance Policy," which may be viewed at [www.hcaguam.org/ins](http://www.hcaguam.org/ins). A copy of the Policy can also be obtained from the School Office.

\_\_\_\_\_  
DATE PRINT NAME PARENT'S/GUARDIAN'S SIGNATURE

No, I decline the student accident insurance this year. I understand that I am responsible for all costs related to any accident while my child is enrolled at Harvest Christian Academy and I also understand that I cannot add this insurance at a later time during the **2018-2019** school year.

\_\_\_\_\_  
DATE PRINT NAME PARENT'S/GUARDIAN'S SIGNATURE

<b>For Office Use Only</b>	
Charged to account	
Recorded on master list	
Emailed to Moylan's	