

Directions for filling out HCA Enrollment Packet:

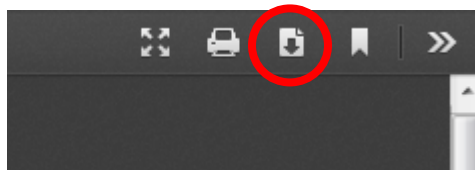
1. Use **Adobe Acrobat Reader** to view form.

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

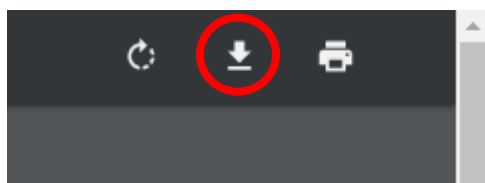


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

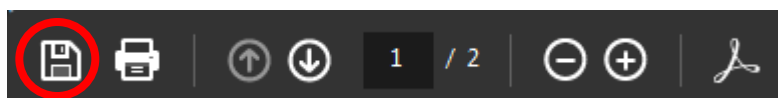
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



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



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

SCHOOL YEAR 2019-2020 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 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, published class photos and Athletic Team photos), please indicate below:
[] 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 2019-2020 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 2020.
[] Yes, I would like to purchase a yearbook for my child. Please bill me \$70 on my August 2019 statement (SAVE \$5).
[] 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 2019 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. 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, 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: _____

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

*** 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 19-20): _____

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