

Registration Form

ABUNDANT LIFE CHRISTIAN ACADEMY

For School Year _____ - _____

Student Name (Last, First, Middle) _____ Called By _____ Grade to Enter _____

Mailing Address (Street, City, State, Zip) _____

Home Phone _____ Sex _____ Birth Date _____ Race _____ U.S. Citizen (Yes/No) _____

Father's Name _____ Primary Phone _____ Cell Phone _____ Email Address _____

Mother's Name _____ Primary Phone _____ Cell Phone _____ Email Address _____

Child's Primary Residence: Both parents Mother Father Other _____

Emergency Contact If Primary Contact Can't Be Reached _____ Home Phone _____ Work/Cell Phone _____

Name of Person(s) Authorized to Take Child (other than parents) _____ Relationship _____ Phone _____

Name of Person(s) Authorized to Take Child (other than parents) _____ Relationship _____ Phone _____

Physicians Name _____ Physicians Phone _____

Health Problems (If Any) _____

School Attended Last Year _____ City/State _____ Phone _____

Has this student previously attended Abundant Life Christian Academy? Yes No

Ibuprofen Usage **Grades 7-12** (Should a student in Grades 3-6 request ibuprofen, a parent contact will be made.)

_____ Please contact me prior to giving my Grades 7-12 child(ren) ibuprofen should they request it.

_____ I give permission for my Grades 7-12 child(ren) to be given up to 400mg of ibuprofen upon their request. No parental notification is needed.

In making application for my child, I verify the above information is complete and accurate and I desire to have him/her complete the _____ - _____ school year. I have included the applicable enrollment fee. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees. I have read and agree to abide by the Abundant Life Christian Academy Parent Statement of Cooperation and Waiver of Liability and the ALCA Student Handbook. I will also review, sign, and return the Standards of Conduct Form.

_____ Father's Signature (OR Sole Guardian)

_____ Date

_____ Mother's Signature

_____ Date

The signatures of **BOTH parents are required**

Parent Statement of Cooperation and Waiver of Liability

ABUNDANT LIFE CHRISTIAN ACADEMY

I recognize that attendance at Abundant Life Christian Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I believe that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and/or other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. I agree to uphold the Academy standards and will not tolerate profanity, obscenity in word or action, dishonor to God or His Word, or disrespect to Academy personnel. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy.

In the event that a picture is taken of my child, either individually or in a group, I give permission for my child's picture to be used in any Academy related materials.

I give permission for my child to take part in all Academy activities, including but not limited to recreational activities, bus trips, sports activities and Academy-sponsored trips away from Academy premises. I indemnify and save Abundant Life Christian Academy and Abundant Life Church, its employees and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in the above mentioned activities. I understand that Abundant Life Christian Academy and Abundant Life Church does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed, updated and delivered to Abundant Life Christian Academy.

I pledge to pay my financial obligations to the Academy on the date due and understand that it may be necessary to withdraw my child should proper arrangements not be made on a past due account.

This Statement of Cooperation and Waiver of Liability shall remain in effect for the current school year.

NO CHANGE STATEMENT

If there have been no changes to the student's or guardian's information since last year's enrollment, there is no need for you to complete the Registration Form again. However, please complete this page as well as the Standards of Conduct Form, and the Medication Permission Form to ensure current enrollment year information is in file.

Father's Info Home #: _____ Cell#: _____

Mother's Info Home #: _____ Cell#: _____

Children Enrolling _____

Emergency Contact:

Contact Name: _____ Contact #: _____

Relationship to student: _____

Contact Name: _____ Contact #: _____

Relationship to student: _____

Individuals Authorized to Pick Up My Child from School:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

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Parent/Student Handbook Agreement

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