

East Campus
Elementary/Central Office
9333 W 159th St
Overland Park, KS 66221
Phone: 913/681-7622
FAX: 913/851-8056

HERITAGE CHRISTIAN

A C A D E M Y

West Campus
Junior High/Senior High
16000 Blackbob Rd
Olathe, KS 66062
Phone: 913/782-3262
FAX: 913/397-0804

Pre-Kindergarten Program Application

Child's Full Name _____

Preferred Name _____ Date of Birth _____
(Child must be 4 by August 31)

Parents (Guardians') Names _____

Address _____

Home Phone _____ Other Phones _____

E-mail Address _____

May we take photos of your child for bulletin boards, website, newsletters, etc.? _____

Parent Agreement

The following items must accompany this completed application:

- ❖ \$50 registration fee
- ❖ Completed student health assessment
- ❖ Completed Pre-School Emergency form
- ❖ Completed automatic withdrawal form with voided check attached

Enrollment Schedule:

- ❖ Siblings of returning students - beginning in December
- ❖ Members of Redeemer Presbyterian Church - beginning January 15
- ❖ Open Enrollment - beginning in February

Automatic withdrawals will begin in July and continue through June, on the ninth of each month. Those wishing to pay in full must remit payment of \$1,825 by August 9, 2010. I agree to pay a late fee, where applicable, of \$20 per late payment.

I understand there is no tuition reimbursement for days missed due to illness or for other reasons.

I will ensure my child is in good health and free of communicable disease each day he/she participates and will complete the necessary immunizations or required wavers.

I understand it is required that my child be toilet-trained.

Father

Mother

(please turn over)

HERITAGE CHRISTIAN A C A D E M Y

Statement of Faith

Heritage Christian Academy is a parochial school which teaches the following basic tenets of the historic, orthodox Christian faith:

1. I believe in the unity of God existing in three persons: the Father, the Son, and the Holy Spirit. God is the Creator, King, Ruler and Sustainer of all things.
2. I believe in the divine inspiration and inerrancy of Scripture in all of its parts and teachings. It is the supreme authority over every area of our lives as individuals and our life as a church.
3. I believe that man and woman were created in the image of God, in high dignity, yet are now under God's condemnation for their rebellion against His good and just authority. Since the Fall, we are both guilty of and polluted by sin, which has affected us spiritually, intellectually, psychologically, socially and physically.
4. I believe in Jesus Christ, the eternal Son of God, who became fully human in order to live a sinless life and die a painful death in our place. Through His life, death, and bodily resurrection, He accomplished a decisive victory over sin and established His Kingdom among us.
5. I believe in the necessity of the work of the Holy Spirit to make the work of Christ effective in the life of His elect. The Spirit grants us repentance toward God and faith in Jesus Christ. We can escape the penalty and power of sin through faith in Christ alone, and not through any goodness or moral effort of our own.
6. I believe in the bodily resurrection and the personal and triumphant return of Jesus Christ to earth for final judgment and the consummation of His Kingdom.

I agree with the above Statement of Faith and commit to personally supporting this school in the educational process and in their teaching of these beliefs to my child.

Father

Mother

Church Membership at : _____

PHYSICAL EXAMINATION (to be completed by health care provider approved to perform health assessments)

Height _____ Weight _____ Pulse _____ Blood Pressure _____
 Lead _____ Urinalysis _____ Sickle Cell _____ Tuberculosis _____
 Head Circumference _____ Other _____

	Code	Comment
General Appearance	_____	_____
Integument	_____	_____
Head/Neck	_____	_____
EENT	_____	_____
Oral/Dental	_____	_____
Thorax	_____	_____
Breasts	_____	_____
Cardiovascular	_____	_____
Abdomen	_____	_____
Muscular/skeletal	_____	_____
Genito-urinary	_____	_____
Neurological	_____	_____

Code: o - no significant findings X - significant findings

SCREENING

1. Nutritional Evaluation (all ages, each screen)

Food Intake Review results:

milk/milk products: _____

fruit/vegetables: _____

meat/beans/eggs: _____

bread/cereals: _____

2. Development: type of screen: _____ Results: _____

3. Speech: type of screen: _____ Results: _____

2. Hearing: type of screen: _____ Results: _____

2. Vision: type of screen: _____ Results: _____

Anticipatory Guidance: (circle those discussed)

Safety/poisons Behavior Dental Discipline Nutrition Hygiene Development Immunizations Parenting Other: _____

Comments:

Significant Assessment Findings:

Recommendations: (include referrals)

Follow Up:

IMMUNIZATION: (record date of each dose received: mm/dd/yy)

RECOMMENDED VACCINE					
VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DtaP and/or DT/Td Required for school entry.					
OPV or IPV (Polio) Required for school entry.					
MMR (Measles, Rubella and Mumps combined) Required for school entry.					

NOT REQUIRED BUT RECOMMENDED VACCINE			
VACCINE	1 st	2 nd	3 rd
HEP B (Hepatitis B Vaccine) Recommended for all children.			
HEP A (Hepatitis A Vaccine) Not required for school entry.			
HIB (Haemophilus Type B) Recommended for children 2- 59 months.			
Varicella (Chicken Pox) Recommended for children older than 12 months.			

Signature: _____ Date: _____

Licensed Physician or Nurse approved to perform health assessments

ADDITIONAL MATERIAL MAY BE ATTACHED

HERITAGE CHRISTIAN A C A D E M Y

PRE-SCHOOL EMERGENCY FORM

DATE: _____

LAST NAME _____ HOME PH: _____

Child's Name: _____ (*Pre-School*)

Please list phone numbers in the sequence we should call.

Whose phone?	Number	Phone Type (<i>work/home/cell/pager</i>)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF ANY OF THIS INFORMATION CHANGES DURING THE YEAR,
PLEASE CONTACT THE SCHOOL OFFICE.**

If my child needs emergency medical care, I prefer treatment at: _____
if possible. *Name of preferred hospital*

Medical insurance with: _____

Policy No.: _____ Group No. _____

Child's Primary Care Physician: _____
Name *Office Number*

Briefly summarize any health issues or allergies that medical personnel should be aware of in an emergency:
