Heathrow Christian Academy at Markham Woods Presbyterian Church

REGISTRATION FORM 26.27

Ck#: _____

Amount:

Name (Student)		Registration Date	Sex (Circle One) M F
Street Address		First Date of Attendance	**Program Selection:**
City/State/Zip Code		Nickname	3 YR – 4 Day: MTWTh ☐
Home Phone		Date of Birth	3 YR - 2 Day: TTh ☐
			4 YR – VPK Program ☐
Physician	Physician's Phone		VPK Certificate Number

Email address:_____ Child Lives With:_____

Name **(Mother)** **Last** **First**	Name **(Father)** **Last** **First**
Street Address, if different from child	Street Address, if different from child
City/State/Zip Code	City/State/Zip Code
Home Phone	Home Phone
Place of Employment	Place of Employment
Occupation	Occupation
Business Phone	Business Phone
Cell Phone	Cell Phone

Please Initial Custody: (Circle Days for Joint Custody)
Both Parents_____ Mother: MTWTHF_____ Father: MTWTHF_____ Other_____

Specific Custody Arrangements:_____

EMERGENCY CONTACTS - Please list in brightwheel

Name	Phone	Address	Relationship	***

***A check mark in this column denotes that the person indicated is authorized to take my child from the facility in cases of emergency or when no parent or legal guardian can be located or reached.

_____ _____
Parent's Signature Date

Updated 11.25 Additional information required on back

The following information is requested to help us get to know your child better.

Child's Name_____

Primary Language Spoken in the Home _____Other Language Spoken in the Home_____

Sibling Name(s)	Age

Please indicate if your child has any of the following:

_____ Disability
_____ Health Concerns
_____ Coordination Concerns
_____ Eating / Food Concerns
_____ Food Allergies
_____ Medication Allergies
_____ Allergies – List:_____

_____ Speech Impairments
_____ Vision Impairments
_____ Hearing Impairments
_____ Shyness
_____ Outgoing Personality
_____ Medical Concerns – List:_____

We wish to respect the customs and practices of every culture. Please inform us if your family has any special practices that you wish to share with the Heathrow Christian Academy.

Additional Comments and Information

I, (Printed name of parent or legal guardian)_____, understand that Florida Law requires that I provide to Heathrow Christian Academy a current physical examination (Form 3040) and an immunization record (Form 680 or 681) within 30 days of enrollment.

I, (Printed name of parent or legal guardian) _____,
Have received a copy of the Child Care Facility brochure, *Know Your Child's Day Care Center.*

I, (printed name of parent or legal guardian) _____,
Have been notified in writing of the disciplinary practices used by the childcare facility (this is included in the parent handbook).

I, (printed name of parent or legal guardian) _____,

certify that I have legal custody of (Printed name of the child) _____.

_____ _____
Parent's Signature Date

Heathrow Christian Academy
at Markham Woods Presbyterian Church
Parental Consent Form

Parental Consent for Emergency Treatment

Student's Full Name_____ Age____
In the event of serious accident or illness, I request the school contact me. If I cannot be reached, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for the services rendered.

In the case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain in school I request that one of the persons listed below will be contacted to care for my child.

Heathrow Christian Academy. does not provide benefits for injuries.

Date_____ Parent or Legal Guardian Signature_____

Home Phone #_____ Cell Phone #_____
Work Phone # _____ Pager #_____

Emergency Contacts

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

Please complete the following:

Check One	Race
	White/Non-Hispanic
	Black/Non-Hispanic
	Hispanic
	Asian/Pacific Islander
	American Indian /Alaskan Native
	Multiracial
	Other

Check One	Primary Language Spoken
	English
	Spanish
	Creole
	Haitian-Creole
	Other

Parental Consent to Share Email with school families

_____I would like my email address to be included in the class list shared only with other parents within Heathrow Christian Academy

_____**I DO NOT** wish to include our email address to be included in the class list shared only with other parents within Heathrow Christian Academy.

Parental Acknowledgement per DCF:

_____ I understand school personnel to have access to my child's records.

Parental Consent for Photographs and Videos of child

_____ I give permission for my child _____ to be photographed, or videotaped at Heathrow Christian Academy. by teachers and other parents and for these pictures to be viewed in the classroom and private use only.

_____ I **DO NOT** give permission for my child to be photographed or videotaped.

Parental Consent for Publication of Photos on Social Media sites.

_____ I give permission for my child_____'s photo to be used on the MWPC website, HCA Facebook/Instagram. Photos will not identify the students by name.

_____ I **DO NOT** give permission for my child's photo to be used on Social Media Sites.

Parental Consent for Food Related Activities

_____ I give permission for my child _____ to participate in food-related activities, such as special occasions and learning activities, which include food consumption.

_____ I **DO NOT** give permission for my child _____ to participate in food-related activities, such as special occasions and learning activities, which include food consumption.

Permission for Observation/Screening to be performed by a trained employee of the Early Learning Coalition of Seminole County or Seminole County Public School System.

I **do** _____ **do not** _____ grant permission to have my child observed and/or screened for potential delays, challenging behaviors or other concerns.

Parent/Guardian Signature: _____

Child's Name: _____Date of Birth: _____

If child was born prematurely, how early was the birth?

Is your child currently receiving therapy of any kind? Yes _____ No_____

(If yes, please list type of therapy _____)

Other (i.e. relevant medical condition, sibling with a disability etc)_____

Signature _____Date____

Updated 11.25