

CHILD PRE-ADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Church Care Facility.

CHILD'S NAME:	NAME CHILD IS KNOWN BY:	SECURITY PASSWORD:
CHILD'S DATE OF BIRTH: AGE:	CHILD'S HOME ADDRESS:	
NAME OF MOTHER/GUARDIAN:	HOME TELEPHONE NUMBER:	CELL PHONE NUMBER:
ADDRESS OF MOTHER/GUARDIAN:		SSN:
DOB:		
CITY:	STATE:	ZIP:
EMAIL:		
NAME OF FATHER/GUARDIAN	HOME TELEPHONE NUMBER:	CELL PHONE NUMBER:
ADDRESS OF FATHER/GUARDIAN:		SSN:
DOB:		
CITY:	STATE:	ZIP:
EMAIL:		
PERSON RESPONSIBLE FOR PAYMENT:	SOCIAL SECURITY NUMBER OF PERSON RESPONSIBLE FOR PAYMENT:	
MOTHER'S EMPLOYER:	FATHER'S EMPLOYER:	
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:	
EMPLOYER'S TELEPHONE NUMBER:	EXTENSION:	EMPLOYER'S TELEPHONE NUMBER: EXTENSION:
INSTRUCTIONS REGARDING HOW MOTHER/GUARDIAN MAY BE REACHED IN AN EMERGENCY:	INSTRUCTIONS REGARDING HOW FATHER/GUARDIAN MAY BE REACHED IN AN EMERGENCY:	

PERSON(S) TO BE CONTACTED IN AN EMERGENCY PICKUP IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED (WITH PICKUP AUTHORIZATION).

NAME	RELATIONSHIP TO CHILD	LAST 4 SSN/BIRTH YEAR	TELEPHONE NUMBER
		/19	
		/19	
		/19	

TRANSPORTATION:

	SCHOOL TRANSPORTATION IS NOT CURRENTLY AVAILABLE.
--	---

IMPACT CHRISTIAN ACADEMY (ICA) MEDICAL INFORMATION RELEASE FORM

CHILD'S NAME: _____

CHILD'S DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLEASE CHECK ANY ITEMS THAT PERTAIN TO YOUR CHILD AND GIVE AN EXPLANATION BELOW.

MY CHILD HAS A HISTORY WITH:

- | | |
|--|---|
| <input type="checkbox"/> ASTHMA
<input type="checkbox"/> BREATHING DIFFICULTY
<input type="checkbox"/> AIDS (HIV)
<input type="checkbox"/> PSORIASIS/SKIN DIFFICULTY
<input type="checkbox"/> ECZEMA/SKIN DIFFICULTY
<input type="checkbox"/> HEARING PROBLEMS
<input type="checkbox"/> SPEECH DIFFICULTY
<input type="checkbox"/> PHYSICAL LIMITATIONS
<input type="checkbox"/> HYPERACTIVITY-ATTENTION DIFFICULTY (ADHD)
<input type="checkbox"/> KIDNEY PROBLEMS | <input type="checkbox"/> ALLERGIES (LIST BELOW)
<input type="checkbox"/> SEAFOOD ALLERGIES
<input type="checkbox"/> PEANUTS ALLERGIES
<input type="checkbox"/> HEART PROBLEMS
<input type="checkbox"/> INTESTINAL PROBLEMS
<input type="checkbox"/> VISION PROBLEMS
<input type="checkbox"/> COORDINATION DIFFICULTY
<input type="checkbox"/> EMOTIONAL TRAUMA
<input type="checkbox"/> SEIZURES/EPILEPSY
<input type="checkbox"/> OTHER _____ |
|--|---|

EXPLANATION FOR ANY OF THE ABOVE:

DOES YOUR CHILD HAVE A HISTORY OF ANY TYPE OF ABUSE? YES/NO. IF YES, PLEASE EXPLAIN: _____

IS YOUR CHILD ON ANY TYPE OF REGULAR MEDICATION? IF YES, PLEASE EXPLAIN: _____

IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS? _____

(PLEASE LIST ALL) _____

IN CASE OF FEVER OR ALLERGIC REACTION, THE PARENT/GUARDIAN WILL BE NOTIFIED. IF YOUR CHILD DOES NOT RECOVER OVER A REASONABLE AMOUNT OF TIME, OR IF CIRCUMSTANCES PERMIT, WE WILL HAVE THE CHILD TRANSPORTED TO A NEARBY HOSPITAL.

CHILD'S DOCTOR CONTACT: _____

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

NAME OF CHILD'S DOCTOR:	ADDRESS:	TELEPHONE NUMBER:
INSURANCE PROVIDER:	NAME OF PRIMARY CARD HOLDER:	EFFECTIVE DATE:
CONTRACT NUMBER:	GROUP NUMBER:	ANY KNOWN ALLERGIES:

EMERGENCY AUTHORIZATION: I GIVE PERMISSION FOR ICA TO OBTAIN EMERGENCY MEDICAL TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, FOR MY CHILD IF I CANNOT BE REACHED IMMEDIATELY. I AGREE TO BE RESPONSIBLE FOR ANY EMERGENCY MEDICAL EXPENSE INCURRED. (IF PARENT REFUSES TO SIGN, INSTRUCTIONS MUST BE ATTACHED STATING WHAT PROCEDURE THE FACILITY IS TO FOLLOW IN AN EMERGENCY.)

SIGNATURE DATE

WEEKLY TUITION AGREEMENT

***FAILURE TO COMPLETE THIS FORM WILL RESULT IN YOUR CHILD’S ENROLLMENT APPLICATION BEING DENIED.**

WEEKLY TUITION PAYMENTS - Tuition Payments are an ongoing fee, billed weekly for the course of your child’s enrollment. **TUITION IS DUE ON FRIDAY THE WEEK BEFORE SERVICE.** Current weekly payments not received by Tuesday at close of business will incur a \$25 late fee. If tuition and all fees are not paid in full no later than one (1) week from the date it was billed, you child’s academic learning may be interrupted. We reserve the right to send any unpaid balance, two (2) weeks or greater, to collections and your child’s academic/learning could be terminated. In addition, in an effort to protect and inform other learning institutes, we reserve to “share” information on outstanding balances. By completing our enrollment process, you understand that delinquent account balances will be sent to collections and/or shared with other centers and authorize by Impact Christian Academy LLC, should you fail to pay.

*****Adding Collection Fees To Account Balances*****

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary.

CONSENT TO CONTACT DEBTORS ON THEIR CELL PHONES

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE:

You agree that in order for us to service your account or to collect monies you may owe, **ICA will** contact you by telephone to include any telephone number(s) associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that ICA, its employees, and/or agents may contact me/us as described above.

BEST CONTACT NUMBERS: CELL (1) _____ CELL (2) _____

Parent/Guardian: _____ Soc. Sec. # _____ ()
(PLEASE PRINT)

Parent/Guardian: _____ Soc. Sec. # _____ ()
(PLEASE PRINT)

Street Address: _____ City: _____ State: _____ Zip: _____

***By signing below, you affirm that you agree to this agreement and the personal information entered is accurate.**

(Responsible Party Signature) (Date)

(Responsible Party Signature) (Date)

FOR OFFICE USE ONLY

(Initial verification/copy of SS card & photo identification)

(Verified By) (Date)

Affidavit of Exemption for Church/School

State of Alabama

County of Elmore

Before me, a notary public in and for said state and county, appeared _____
(Parent/Guardian), and is known to me, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of minor child/ children:

1 _____

2 _____

3 _____

4 _____; that affiant has been notified by a designated representative of
Impact Christian Academy(ICA), and that the above listed parent/guardian has been notified prior to
enrollment that Impact Christian Academy Ministries Church/School has filed notice with and is exempt under
law from the regulations by the Department of Human Resources.

_____, (parent/guardian signature) Sworn or Affirmed to and
subscribed before me, this (date)____ day of (month)____(year),20____.

_____, **Notary Public**

My commission expires: ____/____/____

IMPACT CHRISTIAN ACADEMY(ICA)

**Parent/Guardian's Permission to
Apply Sunscreen/Bug Spray**

IMPACT CHRISTIAN ACADEMY (ICA)

CHILD'S NAME: _____ CLASSROOM: _____

Dear Parents

We like to keep those pesky creepy crawlies away from our children when we play outside. And over exposure to UV rays may cause sunburn, in addition to an increase in your child's risk of getting skin cancer. Please help us protect your children. We need your permission to apply bug spray and/or sunscreen provided **by you**.

Please check each one that you give (ICA) permission to apply:

- _____ COPPERTONE KIDS Continuous Spray sunscreen
(30 or 50 spf)
- _____ OFF SKINTASTIC bug repellent
(no more than 5% DEET)
- _____ Other



I, _____, do/do not allow any staff member to spray my child with bug spray and/or sunscreen each day before they go outside.

Parent Signature: _____ Date: _____

Special Instructions: _____

Please provide one of the above products that you are allowing ICA to apply to your child. Your teacher will update you when supplies run out.



IMPACT CHRISTIAN ACADEMY(ICA)

Permission to Photograph

I, _____ give permission for ICA to Photograph my child, _____,

<i>Type of Use:</i>	Grant Permission	Decline Permission
Still Photographs:	<i>(Please check one)</i>	
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients(GROUP PICTURE)	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on academic/learning website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on academic/learning Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on Teacher's Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____

Date: _____

IMPACT CHRISTIAN ACADEMY(ICA)



CHILD NAME: _____

DATE: _____

IMPACT CHRISTIAN ACADEMY(ICA)

PARENT CHOICE DISCIPLINE

ICA is honored to assist you in training your child for Christian leadership. It is our goal to develop the spiritual, moral and academic qualities of your child to the fullest. In keeping with this goal, we believe it is necessary to follow scriptural admonitions to correct students when their conduct violates rules and procedures. When all others form of discipline have been used (**the parent has been notified and agrees**), and we feel the offense is warranting OF A PADDLING, we believing in **CALLING THE PARENT/GUARDIAN TO ADMINISTER corporal correction**. Godly discipline is an important part of developing strong moral character; we have your child's best interest in mind when we address problems that your child may be having. Please sign #1, #2 or #3 below to indicate your choice in this matter. **PLEASE SIGN STATEMENT #1 #2 OR 3**

#1 I, _____, have read ICA'S statement about corporal correction and agree to support the school without reservation and personally pledge my support to this scriptural approach to discipline.

Signature of Parent/Guardian _____ Date: _____

#2 I, _____, have read ICA'S statement about corporal correction and do not want my child paddled by anyone other than myself or my spouse. I understand that if my child warrants a paddling that he/she will not be admitted back into the classroom and will wait in the front office until I can come administer the paddling in the presence of an ICA staff member. I have read and understand the above statement and agree to its terms. I understand that correction should occur as quickly as possible following the offense and that I will be expected to come to the school quickly (within the hour).

Signature of Parent/Guardian _____ Date _____

Phone numbers where I or my spouse (or guardian) may be reached in the event my child needs corporal correction.

Father/Male Guardian _____ Mother/Female Guardian _____
BEST CONTACT NUMBER: _____ BEST CONTACT NUMBER: _____

#3 I, _____, have read ICA'S statement about corporal correction and do not use corporal correction on my child, nor do I want anyone else administering any form of corporal correction to my child. I agree that if my child cannot abide by the rules and regulations of ICA and the school believes he/she warrants a paddling, that my child will first receive a 1-3 day out of school suspension depending on the severity of the offense. If suspension does not help correct the behavior, I understand that my child will be released (expelled) from ICA for the remainder of the school year. If you choose to allow your child to return he/she will be enrolled on a probationary status.

I have read and understand the above statement and agree to its terms.

Signature of Parent/Guardian _____ Date _____