

Office Use Only

Date Received: _____

Date Reviewed: _____



APPLICATION FOR ADMISSION

Affordable Christian Education
Experienced, Loving Teachers
Limited Class Size
Christian Curriculum

Rocky Point Christian Academy
P.O. Box 62, Stephenville, Texas 76401
Phone: 254.965.3582, Fax: 254.965.4816

www.rpcacademy.com

RPCA ADMISSIONS APPLICATION

Admission Information

Child's Full Name _____ Nick Name _____

Circle one: Male / Female Child's Date of Birth _____ Parent's Hm Phone _____

Child's Home Address _____

City _____ State _____ Zip Code _____

Parent's or Guardian's Name _____

Address (if different from child's address) _____

City _____ State _____ Zip Code _____

Family E-mail Address _____

List the telephone numbers below where parents/guardians may be reached while child will be in care:

Mother _____ Father _____ Guardian _____ Other _____

Give the name, address and phone numbers of person to call in case of an emergency IF parents/guardian cannot be reached.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I hereby authorize RPCA to allow by child to leave the school ONLY with the following persons. Children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please answer each question listed below and check all that apply.

Transportation I hereby give do not give consent for my child to be transported and supervised by RPCA employees: for emergency care on field trips to and from home / school

Field Trips I hereby give do not give consent for my child to participate in Field Trips:

Water Activities I hereby give do not give consent for my child to participate in water activities:

sprinkler play splash/wading pools swimming pool water slide

Operational Policies I acknowledge receipt of the facilities operational policies including discipline and guidance.

Meals I understand that Meals will NOT be served to my child while in care.

My child will normally be in care on the following dates and times: All Day ½ Day

Monday Tuesday Wednesday Thursday Friday AM Extended Care PM Extended Care

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____

Address _____ Phone _____

Name of Emergency Care Facility _____

Address _____ Phone _____

I give consent for RPCA staff to secure any and all necessary emergency care for my child.

Sign
Here

Signature – Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregiver's should be aware of:

Admission Requirement

One of the following MUST be presented when your child is admitted to RPCA or within one week of admission.

- Health-Care Professional's Statement: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health – Care Professional's Signature

Date

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name of Health Care professional _____

Address _____

Sign
Here

Signature – Parent or Legal Guardian

Date

Immunization Records

- I have provided RPCA with a copy of my child's most current immunization record.
- I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Sign Here

Signature – Parent or Legal Guardian

Date

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷								Influenza (Yearly)				
Measles, Mumps, Rubella ⁸								MMR		<i>see footnote⁸</i>		MMR
Varicella ⁹								Varicella		<i>see footnote⁹</i>		Varicella
Hepatitis A ¹⁰								HepA (2 doses)				HepA Series
Meningococcal ¹¹												MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

http://www.dshs.state.tx.us/immunize/Schedule/schedule_child.shtm