



Please fill out all of the paperwork in this packet. It is all required information for the student's file.

The forms included are:

- Application (2 pages)
- Pick Up Form
- Contract
- Medication
- Kid Zone (2 pages) – these need to be on file even if you don't think you will be using this service. There may be a time that you need it and we need this on file in such a case.
- Volunteer Background Check

Thank you very much!

401 W Poplar St. Elizabethtown, KY 42701
(270) 234-8174 office
(270) 982-3774 fax
www.ElizabethtownChristian.com • info@ElizabethtownChristian.com

Marital Relationship (check all that apply)

6. Natural parents are: _____ together at home _____ separated _____ legally divorced
_____ natural mother deceased _____ natural father deceased
7. If parents are divorced or separated, who has legal custody of the child?

8. Is either parent forbidden by court from having equal access to the child or the school records? _____
(Written documentation is required prior to enrollment.)
9. Name of legal guardian if other than parent:

10. Are both parents aware of this application? _____ Yes _____ No
11. If students does not live with both the natural father and mother, student lives with:
_____ Natural mother only _____ Natural mother & stepfather _____ Guardian
_____ Natural father only _____ Natural father & stepmother _____ Other

Stepparent's name _____ Occupation: _____
Business Address: _____ City _____ Zip _____ Phone _____

12. Church attending: _____ Phone _____
Address: _____ Pastor: _____

School History:

If this is your child's first school experience, please check here. _____

List all schools previously attended:

13. School	Full Address & Zip	Dates	Grades	Type of School*
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_____	_____	_____	_____	_____
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*Type of school , please list Public, Private, Home, etc.

14. Has your child ever been suspended? _____ expelled _____ or asked to withdraw? _____
(If yes, please give details on a separate sheet of paper with the principal's name & address of the school.)

Please circle answer

15. Has your child ever been diagnosed with any type of learning difficulty? Yes No
16. Has your child ever been recommended for tutoring or referred to a resource teacher? Yes No
17. Is your child presently taking medication for any medical or learning problem? Yes No
18. Has your child ever repeated a grade? _____ If so, state what grade and the date: _____
19. If your child has previously been in school, why is he/she withdrawing from his/her present school?

20. Why have you selected Elizabethtown Christian Academy for your child's education?

21. Where did you receive information about Elizabethtown Christian Academy? _____ Church _____ Friend _____ Radio
_____ Newspaper _____ Phone Book _____ Television _____ Internet _____ Other _____

Were you referred to ECA? _____ Yes _____ No. If so, please list the name or names of who referred you:

Complete health records must be received as a part of the application. A recent physical exam & vision screening are also required for all Kindergarten students and all new students to the state of KY. If you are a KY resident, an original from your doctor or a photocopy from school records is acceptable.

22. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____

Applicant's Physician _____ Phone _____

23. A non-refundable registration fee of \$150 must accompany this application to reserve a position at ECA. If not accepted, \$125 will be refunded. All students are on a 90-day social and academic probation from their entrance date. Please note - current ECA family's fee will go up to \$250 on April 1, 2012. New family rate does not change.

Student's Name _____ Grade _____

Pick-up Information Form

The following people have permission to pick up my child from ECA:

	<u>Name</u>	<u>Relation to Child</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

ECA Directory

In order for the parents and/or students to get in touch with each other, we prepare a directory of the students' names with their parents' address, name and phone number. Please indicate below if this is permissible.

I give permission to have printed in the ECA Directory

_____ Student's Name _____ Parent's Name _____ Address _____ Phone Number _____ E-mail address

Photo for Publications.

Occasionally we will want to place pictures and articles about ECA in the newspaper or take pictures for scrapbooks, slide presentations, or exhibit your child's work, etc. Please indicate your permission or denial of the issues listed below:

- YES NO I grant permission for my child to be audio recorded, video taped or photographed by ECA.
 YES NO I grant permission for my child's picture and name to be published in publications of ECA or local newspapers
 YES NO I grant permission for my child's work to be displayed with other ECA exhibits..

Web Page

I give permission for ECA to use my child's _____ Art Work _____ Photo _____ Age

_____ First Name only _____ Poetry _____ First & Last Name

I give permission to receive E-mail messages about my child or ECA. This will not be given out to anyone outside of ECA's parents or staff. Please list the address you want the correspondence to come to:

_____ E-mail address _____ Signature

_____ E-mail address

If you and the physician of your choice cannot be reached in an emergency and, if in the judgment of ECA authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

_____ Yes _____ No Signature of parent/guardian _____

As a parent/guardian, I authorize the treatment of a minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause physical disability or undue discomfort if delayed. This consent is granted only after reasonable effort has been made to reach me.

_____ Yes _____ No Signature of parent/guardian _____

Elizabethtown Christian Academy Contract

1. We have carefully examined and agree with the Christian purpose and doctrinal basis of Elizabethtown Christian Academy and desire the school to work with us in the total education of our children.
2. We pledge our loyalty to the aims and ideals of ECA and will bring any and all questions and criticisms directly to the administration so that they may be properly addressed by those in authority.
3. All accounts and obligations to ECA must be satisfied before academic transcripts and final report cards can be released.
4. ECA agrees to work closely with parents or guardians to help their children realize their full Spiritual and academic potential. ECA also agrees to work closely with the parents to help students resolve school related problems. This cooperation includes provisions of competent teachers, a full-balanced curriculum, regular reporting of academic achievement, and supervision of students and the school program.
5. All students enrolling in ECA are accepted on an academic and social trial basis for the first grading period.
6. ECA reserves the right to dismiss any student who does not cooperate with the educational process or adhere to the standards of the conduct established by ECA as acceptable for students .
7. We agree to insist that our child submit to the School's Programs, Academic Disciplinary Regulations, and all other requirements instituted by the administration, and carried out by our knowledge and belief.
8. We give permission for our child's teacher and/or administration of ECA to make and enforce classroom and school regulations and consequences in a manner consistent with Christian principles and discipline as set forth in the Family Handbook.
9. It is our understanding that the policy of ECA is to make no refunds on registration fees if the child is accepted. If not accepted, \$125 will be refunded. If you choose to withdraw your child, this fee is non-refundable.
10. We agree to pay the following tuition for my child to attend ECA in the 2012-2013 school year: **\$3600** first child, **\$3000** second child, and **\$2500** third child. Kindergarten is **\$3150**. No additional child discount is given on Kindergarten tuition. We agree to pay tuition in the following way:

<u>Kindergarten Only</u>	_____ 10 Months (Aug.-May)	_____ 12 Months (June-May)
_____ 10 Months (Aug - May)	\$360-first child	\$300-first child
_____ \$315	\$300-second child	\$250-second child
_____ 12 Months (June - May)	\$250-third child	\$208.33-third child
_____ \$262.50		

Tuition may be prepaid in full before the 1st day of school with **\$150 discount**. **Tuition payments are non-refundable**. I also understand that my tuition payments are due by the 10th of each month. A fee of \$20 will be charged if the payment is late. If a student's tuition becomes two months late, the student is subject for dismissal. Final grades and records will not be released if any tuition payments have not been paid.

11. We agree to pay the supply fee of **\$140** per child. This fee helps pay for the items needed in the classroom for each student and a light blue embroidered polo shirt for field trips. Backpacks and lunch boxes are not provided.
SHIRT SIZE ___ YXS ___ YS ___ YM ___ YL ___ AS ___ AM
12. We further agree to hold ECA and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent, for any reason, be taken against ECA or any employee thereof, on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that ECA or its agents should incur to defend itself against such action.
13. We agree to immunize my child according to the state laws. The following forms are required to be on file in the office: Preventative Health Care Examination Form, Immunization Certificate, Birth Certificate, Eye Examination Form and all registration forms.

We have read this contract and the Family Handbook and hereby agree to the terms described.

Name of Student _____ Date _____

Signature of Mother/Guardian _____

Signature of Father/Guardian _____

Student's Name _____ Grade _____

Please list any allergies to medications, foods, insects, and/or environmental substances:

Med/Substance	Type of Reaction
_____	_____
_____	_____
_____	_____
_____	_____

Provide any information concerning pertinent medical conditions or diagnoses:

Please check below any/all over-the-counter medications that you consent to be given to your child by ECA staff when deemed necessary. No aspirin or aspirin containing products will be available in the office.

<u>Medication</u>	<u>Dosage</u>
Acetaminophen (Tylenol)	_____
Ibuprofen (Motrin)	_____
Benadryl (or generic equivalent)	_____

I do not want any over-the-counter medications give to my child: _____

Signature

Provide the following information for any prescription medications you wish your child to receive:

Medication	Dosage	Time to be given
_____	_____	_____
_____	_____	_____

I allow ECA to use Neosporin ointment on my child for a small cut or scrape ____ Yes ____ No

I, _____, parent/guardian of _____ do hereby request that the ECA Staff administer the above over-the-counter and/or prescription medications to my child when necessary or as indicated. I absolve and release the ECA staff, administration and the Board from any claim due to any negative reaction by my child when given the medication listed above in the prescribed dosage.

DATE _____ PARENT/GUARDIAN _____

Home Phone _____

Work Phone _____

Cell Phone _____



P.O. Box 605 Elizabethtown, KY 42701
(270) 234-8174

Office Use
Date: _____
Grade: _____
Received \$ _____
Cash _____ Check _____

All information must be provided for this application to be considered.

ECA Afternoon Kid Zone

Name of Student _____ Date of Application _____
Age as of Aug 1st, 2012 _____ Sex _____ Race _____ Birthdate _____ SS# _____ - _____ - _____

1. Natural Father's Name & Address _____
Street _____ City _____ State _____ Zip _____
Telephone: Home: _____ Business: _____ Cell: _____
Occupation: Company _____ Position or Title: _____
Nature of Business _____
Address of Business _____

2. Natural Mother's Name & Address _____
Street _____ City _____ State _____ Zip _____
Telephone: Home: _____ Business: _____ Cell: _____
Occupation: Company: _____ Position or Title: _____
Nature of Business _____
Address of Business _____

3. Emergency Contacts: (other than parents)

Name Relationship Phone

4. Pick Up: (In addition to those listed above, list others who have permission to pick up your child. They must have proper ID.)

Name Relationship Phone

The Elizabethtown Christian Academy, Inc., its agency, subsidiaries, and institutions shall offer all programs and services without regard to race, color, national or ethnic origin, gender, or age and shall not discriminate on any of these bases in the administration of educational policies or admissions.

Marital Relationships (check all that apply)

5. Natural parents are: _____ together at home _____ separated _____ legally divorced
_____ natural mother deceased _____ natural father deceased

6. If parents are divorced or separated, who has legal custody of the child?

7. Is either parent forbidden by court from having equal access to the child or the school records? _____
(Written documentation is required prior to enrollment.)

8. Name of legal guardian if other than parent: _____

9. Are both parents aware of this application? _____ Yes _____ No

10. If students does not live with both the natural father and mother, student lives with:
_____ Natural mother only _____ Natural mother & stepfather _____ Guardian
_____ Natural father only _____ Natural father & stepmother _____ Other

Stepparent's name _____ Occupation: _____

Business Address: _____ City _____ Zip _____ Phone _____

11. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____

Applicant's Physician _____ Phone _____

12. I understand my child will be involved in the ECA afternoon study group under the supervision of a qualified adult who has my permission to administer first aid as needed and that as a parent, I will be contacted for further instructions in case of a more emergent situation. I will not hold ECA, the staff or board members liable for any accidents or expenses due to an accident.

Kid zone hours are 2:46-6:00 p.m.

_____ I agree to pay the amount of forty dollars (\$40) each week to cover any and all the cost that may occur within this program (snack and art supplies are included). This is due in advance on Monday regardless to how many days the child attends.

See Lori Corle for special arrangements other than these listed.

_____ I agree that if my child is not picked up by 6:00 p.m. that a late fee of \$5 for every 15 minutes you are late will be added to your next bill.

_____ I agree that space in this program may be limited and any action by my child that might jeopardize the rights of any other child, will mean immediate expulsion of my child's enrollment of the Study Group.

No supervision will be available after 6:00 p.m.

Signature	Relation to child	Date
_____	_____	_____

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22. Please indicate below any further information which may assist in the education of your child such as pertinent medical or other data of which the school should be aware. Is there any medical reason the child cannot participate in the physical education program? If "yes", please explain _____

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net
KRS 17.160



YOUTH LEADER REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals serving as Youth Leaders

Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Requestor/Contact Person	Date
Agency	Phone Number
Address	E-mail Address
City, State, Zip	