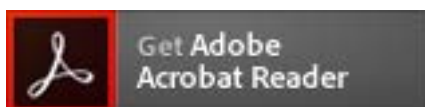


## Directions for filling out the Cool School Application:

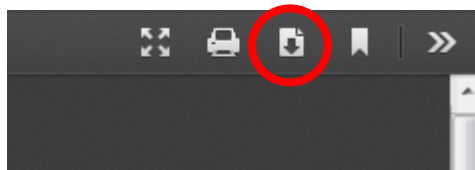
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

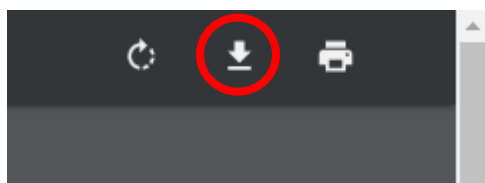


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

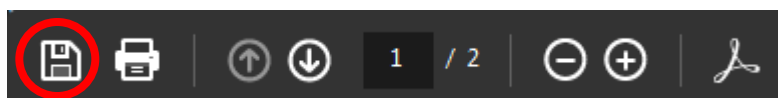
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the completed forms to the School Office.

# COOL SCHOOL (RISING K5 - 6TH GRADE) APPLICATION FORM 2024

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



## HARVEST CHRISTIAN ACADEMY

Enrolled at HCA for SY 2024-25: Yes  No  Next Grade: \_\_\_\_\_

**Dates to Attend:**  6/03 - 6/07

\$220 a week per student/  
\$195 a week for students enrolled  
in HCA for SY 2024-25

6/10 - 6/14

\$220 a week per student/  
\$195 a week for students  
enrolled in HCA for SY 2024-25

6/17 - 6/21

\$220 a week per student/  
\$195 a week for students  
enrolled in HCA for SY 2024-25

6/24 - 6/28

\$220 a week per student/  
\$195 a week for students enrolled  
in HCA for SY 2024-25

6/03 - 6/28 (ALL 4 WEEKS)

TOTAL FOR 4 WEEKS IF PAID BY MAY 13 (\$85 Rebate)  
\$795 per student for 4 weeks  
\$695 for 4 weeks for students enrolled in HCA for SY 2024-25

**NOTE: Late Stay (3:30-5:00 p.m.) is \$15 per day  
(due on Fridays).**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Male:  Female:

Mailing Address: \_\_\_\_\_

Father's/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Mr.  Mrs.  Miss  Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Photo Release

Do you give permission to use any pictures of your child for any Harvest Christian Academy published media? Yes  No

### Medical Information

Does your child have any drug allergy? Yes  No  If yes, please explain: \_\_\_\_\_

Does your child have any food allergy? Yes  No  If yes, please explain: \_\_\_\_\_

Does your child have any serious illness? Yes  No  If yes, please explain: \_\_\_\_\_

Does your child have any heart problems? Yes  No  Does your child have any convulsions? Yes  No

Does your child have any physical handicap? Yes  No  If yes, please explain: \_\_\_\_\_

Does your child take medicine on a regular basis? Yes  No  If yes, please explain: \_\_\_\_\_

Does your child have any restrictions on physical activity? Yes  No  If yes, please explain: \_\_\_\_\_

Do you give permission for your child to receive Tylenol or any over-the-counter medication if the need arises? Yes  No

By signing below, I agree to pay the applicable fees and submit the required documents with this application. I understand that the fees are non-refundable. I also understand that I am responsible for other additional costs (food from the cafeteria, extended care, etc.) incurred while my child is attending any summer programs of Harvest Christian Academy. I hereby give my child permission to attend field trip activities upon notification. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, I will promptly withdraw my child. To my knowledge, all information is complete and correct.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Excel  FACTS