



Camp Cross

1026 Stearman Drive
White House, TN
(615) 581-0058

www.life-christianacademy.org

Application for Admission

STUDENT INFORMATION:

First Name: _____ Last Name : _____ M.I. _____

Preferred Name: _____ Date of Birth: _____

Grade: _____ Social Security Number: ____ _ / ____ _ / ____ _

The following items are not used for student acceptance purposes. Life Christian Academy does not discriminate on the basis of race, color, or national origin.

Gender: M _____ F _____ Race: _____ U.S. Citizen: Yes _____ No _____

PARENT/GUARDIAN INFORMATION:

Family Member 1:

Relation to Student: _____ Name: _____

Lives with child? Yes _____ No _____ Cell Phone: _____

Address (child's residence): _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Work Phone #: _____ Work Address: _____

City: _____ State: _____ Zip: _____

Family Member 2:

Relation to Student: _____ Name: _____

Lives with child? Yes _____ No _____ Cell Phone: _____

Address (child's residence): _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____ Occupation: _____

Work Hours: _____ Work Address: _____

City: _____ State: _____ Zip: _____

Responsible for Payment:

Family Member 1 Family Member 2 Other (Complete next line.)

Name Responsible: _____

Address: _____

City: _____ State: _____ Zip: _____

Brother(s) and/or Sister(s):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician: _____ Phone: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Which hospital do you prefer to have your child taken to? _____

Have all the required immunizations been administered? Yes_____ No_____

Date of last Tetanus: _____

Allergies: _____

Please list any chronic health, emotional, or physical problems the child may have:

List two people to contact in an emergency, if a parent cannot be reached immediately:

1. Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Are these individuals allowed to pick up the child in the event of an emergency?

Yes_____ No_____

List people who have permission to pick up your child.

Write none if you are the only one to pick up your child.

ADMISSION AGREEMENT

1. COOPERATION – I agree to support the policies and rules of Life Christian Academy (LCA). If there is a misunderstanding, I agree to discuss the matter only with the teacher involved. If no resolution can be made, I will then discuss the matter only with the administration. Conflict resolution will be handled according to the Matthew 18 principle. I understand that my child will be taught Biblical principles that are consistent with LCA’s “Purpose and Philosophy.”

2. ILLNESS – The health of the children in our school is of major importance to Life Christian Academy, and the faculty and staff desire to keep all of the children healthy and to prevent the spread of infections. For this reason, no child will be admitted to LCA with any of the symptoms or health issues listed below:

- Fever 100 degrees Fahrenheit
- Repeated episodes of nausea, vomiting, and/or diarrhea
- Sore throat with severe redness or white patches in the back of the throat
- Heavy purulent nasal discharge or severe cough
- Rash without doctor's consent
- Severe redness and drainage from the eyes
- Lice

3. ADULT ESCORT – All children must be signed in and escorted by an adult to the classroom where their age group is located. The only people authorized to pick up your child are the adults you designated on the application. Adults, other than those on the application, may only pick up a child if the parent or guardian has given advance notification to the office. Photo ID should accompany all those that pick up the children. The person picking up the child must sign the child out. No minor children may come to pick up a child.

4. STATE REQUIRED ADMISSION FORMS – The state requires that all admission forms must be completed and turned in before a child can be allowed to attend Life Christian Academy. Camp Cross must have a copy of your child's birth certificate and a shot record.

5. OPERATING HOURS – Camp Cross hours of operation are from 6:30 a.m. to 6:00 p.m. A late fee will be charged at a rate of \$1.00 per minute for every minute past 6:00 p.m.

6. PARENTAL DISCIPLINE INFORMATION/PERMISSION – The faculty and staff of Life Christian Academy's Camp Cross believe that proper discipline is necessary to maintain order, to promote learning, and to protect the welfare of all the children. LCA is committed to maintaining discipline and Godly standards for the children in our care. Attendance at Camp Cross is a privilege and not a right; therefore, any child who does not conform to the standards and rules of the school may forfeit the privilege to attend Camp Cross. The school may request withdrawal of a child at any time, when in the opinion of the administration, the child's behavior is impeding his/her development and/or the education of the other students or that the family is not cooperating with the spiritual, educational, and moral objectives of the school.

7. CONSENT – I give the faculty and staff of Life Christian Academy permission to use reasonable classroom discipline as outlined below:

- 1) Warning
- 2) Loss of privileges
- 3) Isolation or Time-out
- 4) Temporary removal from class

5) Notification of parents

I understand that LCA does not use corporal punishment. Therefore, I understand that if the administration feels that all avenues of discipline have been pursued, and my child's behavior continues to be a major disruption in the classroom, then my child will be removed from Camp Cross without refund of fees or tuition paid.

I have read and understand the above sections of the **Admission Agreement**. I understand that my signature shows that I agree to support the policies listed above.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY RELEASE AND HOLD HARMLESS AGREEMENT

I, hereby, give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency. I understand that Life Christian Academy is not financially liable for accidents that occur at the Academy. I agree to provide accident insurance for my child. The information I have provided is true and correct. My signature indicates my understanding of the above release statements.

Insurance Company: _____

Insured Name: _____

Policy Number: _____ Phone Number: _____

Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Parent/Guardian Signature: _____

Date: _____