



Hope Community Christian Academy

115 Ute Street \* PO Box 2103

Ignacio, CO 81137

970-563-0692 \* [hopecommunitychristianacademy.org](http://hopecommunitychristianacademy.org)

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## New Student Enrollment

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/ Female

Grade Level for the 2019-2020 School Year: \_\_\_\_\_

Child Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

If other, please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

What does HCCA need to know about these allergies?

Medical Condition(s):

What does HCCA need to know about said condition(s)?

STUDENT SPECIFIC QUESTIONS:

*While HCCA is not staffed to provide special education services, teachers will work with parents to develop the best instruction for unique educational needs. For your child's best interest, please be candid when answering the following questions.*

1. Please indicate your observations of your child's behavior in the following areas:

Shows respect to parents: Yes + No +

Shows respect to other adults: Yes + No +

Shows respect to other kids: Yes + No +

Obedience in following instructions: Yes + No +

Able to focus on quiet learning tasks: Yes + No +

Shows self-control in group activities and or/ discussions: Yes + No +

Works independently on known tasks: Yes + No +

Shows self-control/ obedience to follow simple rules: Yes + No +

2. Please describe the types of previous instruction that your child has received (ie: home school, public school, etc.)

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3. Please complete the following information on the last school your child attended:

Name of School: \_\_\_\_\_

Type of School (public, private, home school): \_\_\_\_\_

Phone number of School: ( \_\_\_\_ ) \_\_\_\_\_

Address of School: \_\_\_\_\_

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4. In general, how would you rate your child's average academic performance on a standard grading scale (A, B, C, etc.)? \_\_\_\_\_

5. Please provide us with your parental perspective on your child by describing your child's strengths and abilities, and special areas of interest or concern.

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6. Has your student had any academic problems? If yes, explain:

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7. Has your student ever repeated a grade for any reason? Yes + No +

If yes, which grade? \_\_\_\_\_

8. Has your student had any behavioral or disciplinary difficulties? If yes, please explain:

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9. Has your child ever been expelled, suspended, asked to leave, or denied re-enrollment at a previous school? Yes + No + If yes, please explain: \_\_\_\_\_

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10. Has your child ever been referred for testing, placed in a special program, required special help, or tutoring in any of the following areas:

+ Gifted/ Talented

+ Learning Disability

✦ Physical Disability

✦ IEP/ ISP

✦ Hearing

✦ Vision

✦ Speech

✦ Dyslexia

✦ ADD/ ADHD

✦ Anxiety Disorder

✦ Emotional Issues

✦ Social Issues

✦ Behavioral Issues

✦ Other: \_\_\_\_\_

If you checked any of the areas above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student has read, understands, and will abide by the Student Code of Conduct and Student Dress Code in the HCCA handbook.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Administrator Signature Date

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_



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## New Family Enrollment

### FAMILY INFORMATION

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

\_\_\_\_\_

Home Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Children Not Attending HCCA: \_\_\_\_\_

### FATHER'S INFORMATION

Name: \_\_\_\_\_

Place of Business/ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone (if different): \_\_\_\_\_

Number of hours worked weekly outside of the home: \_\_\_\_\_

- Please list any talents or abilities that the **father** may wish to contribute to the school from time to time (Social Service ideas, guest speaker, facility maintenance, work days, etc.)

\_\_\_\_\_

\_\_\_\_\_

### MOTHER'S INFORMATION

Name: \_\_\_\_\_

Place of Business/ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone (if different): \_\_\_\_\_

Number of hours worked weekly outside of the home: \_\_\_\_\_

- Please list any talents or abilities that the **mother** may wish to contribute to the school from time to time (Social Service ideas, guest speaker, facility maintenance, work days, etc.)

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### GENERAL QUESTIONS

1. Are there any points of the statement of faith, education philosophy, or school policies which are inconsistent with your goals for your family? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

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2. Who will be the main instructor for the home days? \_\_\_\_\_

3. Do you understand and are you prepared to oversee the home days of HCCA? \_\_\_\_\_ Please explain how you plan to effectively fulfill your role as the home teacher. \_\_\_\_\_

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4. State the three primary reasons you desire for your child to attend HCCA:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. How did you learn about HCCA? \_\_\_\_\_

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6. Did any currently enrolled parent talk to you about HCCA and encourage you to attend? If so, please list the family's name (for our Catch an Eagle Program).

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Parent has read, understands, and will abide by the HCCA handbook.

\_\_\_\_\_   
Initials

Parent understands and agrees to volunteer requirements as stated in the HCCA handbook including team requirements and one day per semester at the school.

- Please number your preferences (1st choice, 2nd, 3rd) from the following options to fulfill your family's team volunteer requirement.

⌞ Social Service Activity Team

⌞ Fundraising Team

⌞ Friday Morning Club: hours for this team will be served planning, organizing, and overseeing FMC.

⌞ Hospitality and Support Team: filled by experienced HCCA parents at the request of the Administrator.

⌞ Help Team: hours for this team will be served on various tasks as they are needed, such as helping in the classroom during DRA testing or at request of a teacher, additional office help, childcare for meetings, etc.).

Other suggestions: \_\_\_\_\_

\_\_\_\_\_   
Initials

Parent understands that cleaning the school fulfills part of the volunteer requirement. Parent will:

⌞ Clean once per semester

⌞ Choose school cleaning buyout option on the Education Fee Schedule.

⌞ I would like to be paid to clean for additional times beyond by obligation.

\_\_\_\_\_   
Initials

Parent understands and agrees to pay the Volunteer-Time Deposit.

\_\_\_\_\_  
Initials

Parent understands the importance of communication between themselves and the school staff, classroom teacher(s), and volunteer team members.

\_\_\_\_\_  
Initials

Parent understands the importance of fundraising and agrees to:

✦ 100% fully participate in any fundraisers HCCA coordinates.

✦ Choose fundraising buyout option on Education Fee Schedule.

\_\_\_\_\_  
Initials

Parent understands the payment options listed on the Education Fee Schedule.

\_\_\_\_\_  
Initials

Parent acknowledges HCCA's Statement of Faith as an expression of who we are and what will be taught in the classroom.

\_\_\_\_\_  
Initials

If applicable, parent agrees to Education Plan set by administrator, classroom teacher, and/ or outside resource and understands his/her role in this plan.

\_\_\_\_\_  
Initials

Parent understands that his/her behavior can directly affect his/ her child(ren)'s good standing and enrollment status.

\_\_\_\_\_  
Initials

### **PERMISSION TO USE STUDENT'S PHOTOGRAPHS**

HCCA may wish to use photographs of HCCA students on school bulletin boards, newsletters, in educational publications, and in general media releases (such as newspapers and thank yous).

✦ I consent to the use of my child's image in HCCA publications.

✦ I DO NOT consent to the use of my child's image in any HCCA publications, with the exception of the HCCA school yearbook.



Additional comments regarding use of photographs:

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### RELEASE AUTHORIZATION

Please list who is authorized to pick up your child. Your child will not be released to anyone that is not on this list without a signed and dated note from the parents.

NAME	PHONE	RELATIONSHIP TO CHILD
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### UNAUTHORIZED RELEASE AUTHORIZATION

Please list anyone who is NOT authorized by you, the parent, to pick up your child.

NAME
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### EMERGENCY CONTACTS

Please list two people we should contact if we are unable to locate you in an emergency.

NAME	PHONE	RELATIONSHIP TO CHILD
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### MEDICAL RELEASE FORM

In the event that my child is injured and I cannot be reached to make arrangements for emergency medical attention, I hereby authorize HCCA to obtain and authorize emergency medical services and treatment for my child during the course of activities as warranted. This

may include, but is not limited to, transportation to the nearest emergency facility for treatment deemed necessary by medical personnel. A member of HCCA's staff has my permission to sign any forms necessary to ensure prompt emergency treatment. The undersigned also assumes the responsibility for any and all costs associated or connected with such treatment and hereby releases HCCA and/or all acting on behalf of HCCA from any and all liability and agrees to hold harmless.

Physician's Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

## IMMUNIZATION REQUIREMENT

You must provide one of the following to HCCA:

1. A **certificate of immunization** certifying the student has received Colorado State required immunizations. *Please make sure HCCA office staff has the most current record of immunizations.*
2. A **Statement of Exemption** to immunizations based on one of the three reasons is needed **YEARLY**:
  - a. A medical exemption signed by licensed physician explaining the circumstances.
  - b. A religious exemption signed by the parent/ guardian stating they adhere to a religious belief opposed to immunizations.
  - c. A personal exemption signed by the parents/ guardian stating they adhere to a personal belief opposed to immunizations.

## RELEASE OF LIABILITY

I agree to assume all risks and hazards incident to my child's participation in school activities, including but not limited to: classes, recess, and enrichment activities. I hereby waive, release, and agree to hold harmless HCCA, its school board members, staff and volunteers from any injuries, harm or other damages that may occur to me and/or my child while attending HCCA and HCCA sponsored events. I understand that HCCA staff and volunteers may not be held responsible in the event of accident or emergency. I understand that all precautions and safety procedures will be taken to ensure the health and safety of my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## CONTRACT WITH IGNACIO SCHOOL DISTRICT

I understand HCCA and ISD have a contract which requires HCCA to show evidence of student attendance and academic rigor ensuring sound education. I understand that I must choose to

enroll my child through the Ignacio School District website or to opt and choose add on 11 on the Education Fee Worksheet.

\_\_\_\_\_  
Parent/ Guardian Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Administrator Signature Date

**OFFICE USE ONLY**

Date Registration Received \_\_\_\_\_ Education Fee Worksheet Received \_\_\_\_\_  
Registration Fee Paid \_\_\_\_\_ Volunteer Deposit Paid \_\_\_\_\_  
Payment Option "A"- Date Paid In Full \_\_\_\_\_  
Payment Option "B"  
Cleaning Buyout (if chosen) Paid \_\_\_\_\_ Fundraising Buyout (if chosen) Paid \_\_\_\_\_  
Opt out of enrolling with ISD \_\_\_\_\_