

**HOWARDSVILLE CHRISTIAN SCHOOL**  
Early K Student Application Form

For Office Use Only:

- ☐ Reg. Fee Rec'd \_\_\_\_\_
- ☐ Powerschool
- ☐ Call Em All
- ☐ Class Roster
- ☐ Rolodex
- ☐ Email List
- ☐ Prayer Calendar
- ☐ Birth Certificate

A \$250.00 registration/book fee for each child **MUST** be received to secure your child's spot. One year of Early K (2/days week) is tuition free per student, tuition will be charged for a second year.

***Student Information***

Student's Name \_\_\_\_\_

*Last*

*First*

*Middle*

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Mo/day/year

Session Preference – M/T \_\_\_\_\_ TH/F \_\_\_\_\_ (Preferences based on availability.)

List chronologically all preschools attended.

Date

Grades

Name and address of school

<u>Date</u>	<u>Grades</u>	<u>Name and address of school</u>

***Parent Information***

Parent's Names \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

***Church Activity***

Believing that our role at Howardsville Christian School is to assist the home and the church in the task of training young people, we feel that it is of utmost importance for all of our students, with their families, to be in regular attendance at their church.

Church your family attends: \_\_\_\_\_

How often do you attend church?

- Sunday Morning? \_\_\_\_\_
- Sunday Evening? \_\_\_\_\_
- Mid-week Service \_\_\_\_\_

***Emergency Contacts***

Father's Work Phone Number \_\_\_\_\_ Workplace \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_ Workplace \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Persons other than parents who could be contacted in case of emergency:

1<sup>st</sup> choice: name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

2<sup>nd</sup> choice: name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

3<sup>rd</sup> choice: name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

## ***Parental Pledge***

*Please read carefully, sign and return with application.*

I give permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises. I absolve the school from liability to me or my child because of any injury to my child at school or during any school activity.

I agree to uphold and support the high academic standards of Howardsville Christian School by providing a place at home for my child to study. I will give my child encouragement in the completion of homework and assignments.

I understand that the Christian standards set forth in the Word of God and by Howardsville Christian School do not tolerate profanity, obscenity, any form of sexual impurity in word or action, the inappropriate use of social media or the use of alcohol, drugs and tobacco products. I understand that the lifestyle and character of the students of Howardsville Christian School are expected to exemplify the qualities outlined in Galatians Chapter 5.

I understand that the teaching staff and administration will be making the decision regarding placement of my child as far as room, teacher and class assignment.

I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in its educational endeavor. If this occurs, or he is withdrawn, the current month's charges are due and payable and will not be refunded.

I pledge to pay my financial obligations to the Howardsville Christian School on the date due.

My child is expected to pledge allegiance to the Bible, as God's Holy Word; to the Christian Flag, symbolic of our heavenly heritage; and to the American Flag, the symbol of our present God-given patriotic heritage.

I have read the above terms and the student handbook and pledge that my child obey them.

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

***Immunization Records***  
***Receive Care in MICHIGAN \_\_\_\_ (Check here)***

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Mo/day/year

Please list immunizations below (month, day and year)

**If your child receives care in Michigan you do not need to fill out this form.**

**VACCINE:**

Diphtheria-Tetanus-Pertussis  
(DTP/DT/TD)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Haemophilus Influenza type b  
(HIB)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Polio  
(OVP/IPV)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Measles, Mumps, Rubella  
(MMR)

1. \_\_\_\_\_
2. \_\_\_\_\_

*Notice: If the MMR vaccines were given before 12 months of age, the dosage must be repeated.*

Hepatitis B  
(HBV)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Chicken Pox

1. \_\_\_\_\_

Has your child had the chicken pox? \_\_\_\_\_

### ***Photo Release Form***

Howardsville Christian School would like to display special pictures/videos throughout the year of our students and classes. We would like to post these pictures on our website and also to have them published in the local newspapers for everyone to enjoy. (T.R. Commercial, Kalamazoo Gazette, Marcellus News, etc.)

Both our website and the local newspapers are open to public viewing. We would like you to inform us if you will allow your child's/children's picture to be published.

- ☐ I give permission to allow my child/children to have their picture published on the school website and local newspapers.
- ☐ No, I DO NOT want my child/children to have their picture published on the school website or local newspapers.

Print Family Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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### ***Call 'Em All Phone System***

Our primary means of contact for delays and cancellations is via our Call 'Em All Phone System. You will receive an automated phone call when we are operating on a delay or when school is closed.

Name _____	Phone Number _____
Name _____	Phone Number _____
(Please print.)	

## ***AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT***

I (We) \_\_\_\_\_ and \_\_\_\_\_ are the  
Parent(s)/legal guardian(s), with legal custody of

Child's Name

Birthdate

Child's Name

Birthdate

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

who reside with us at \_\_\_\_\_  
and who attend Howardsville Christian School, give our permission for a licensed doctor, physician, or emergency treatment center selected by the school, coach or other representative, to administer the necessary attention and aid IMMEDIATELY to our child should he/she become injured or sick during any school sponsored event, and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnoses, treatment and hospital care deemed necessary.

We understand the school coach/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me (us) are unsuccessful. During this time we can be reached at:

Home (address stated above)      Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date \_\_\_\_\_      Father/guardian signature \_\_\_\_\_

Date \_\_\_\_\_      Mother/guardian signature \_\_\_\_\_

Doctor \_\_\_\_\_      Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies to medicines or other allergies \_\_\_\_\_

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

Child is presently taking the following medication \_\_\_\_\_

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

For the following condition(s) \_\_\_\_\_

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

Additional information - \_\_\_\_\_

## ***Student Medication Information***

Student(s) Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please list medications to be given at school (and directions), this includes pain reliever and cough drops. Make sure meds are labeled with the student's name.

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Please list medical conditions and allergies.

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The school does not provide Tylenol, cough drops, or any other oral medicine to students. If you want your child to have one of these when necessary, please send it in, labeled with the student's name.

***Please return all forms to the school office.***

## Pastor's Confidential Recommendation Form

**Families** - Please complete the top section and provide to your Pastor to complete the remainder of the form.

Parent's Name: \_\_\_\_\_

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

Church Address: \_\_\_\_\_

Names of children      1. \_\_\_\_\_ Grade entering: \_\_\_\_\_

Applying to HCS.      2. \_\_\_\_\_ Grade entering: \_\_\_\_\_

3. \_\_\_\_\_ Grade entering: \_\_\_\_\_

4. \_\_\_\_\_ Grade entering: \_\_\_\_\_

**Pastor's** – The above Family has applied for enrollment to Howardsville Christian School. Please assist us by answering the questions below.

1. Is the above family an active member of your church? \_\_\_\_\_

Regular attendance:      Yes \_\_\_\_\_ No \_\_\_\_\_

Involved in church programs:      Yes \_\_\_\_\_ No \_\_\_\_\_

2. How long have you known the family?  
\_\_\_\_\_

3. Would you consider the child(ren) open and sensitive to spiritual instruction?  
\_\_\_\_\_

4. Do the children cooperate well with those in authority?  
\_\_\_\_\_

With peers?  
\_\_\_\_\_

5. Are there any matters that you feel would be helpful to us as a school in evaluating the admission of this family?  
\_\_\_\_\_

6. Do you recommend this family for admission to Howardsville Christian School?

Yes \_\_\_\_\_

No \_\_\_\_\_

No Recommendation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title / Position: \_\_\_\_\_

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

Church Phone Number: \_\_\_\_\_

Please return to:

Howardsville Christian School

53441 Bent Rd.

Marcellus, MI 49067