



UNITY CHRISTIAN ACADEMY

RE-Enrollment Application 2024 - 2025

Student / Parent Information

Student Name: _____ Date: _____

Address: _____ Student's Cell: _____

City: _____ State: FL Zip Code: _____ SS#: _____

Birth Date: _____ Age: _____ Sex: _____ Race: _____

Student lives with Primary Parent Alternate Parent Both

Primary Parent Name: _____ Cell #: _____

Employment: _____ Work #: _____

E-Mail: _____ Preferred Contact Method: Text E-Mail

Alt Parent Name: _____ Cell #: _____

Employment: _____ Work #: _____

E-Mail: _____ Preferred Contact Method: Text E-Mail

Siblings of school-age children in family that are not applying:

Name: _____ Age: _____

Name: _____ Age: _____

Emergency Contacts

Print names in order of priority for contact in case of an emergency

Name	Relationship	Cell Phone
1.		
2.		
3.		
4.		
5.		

Pick-Up List

State issued ID is required for each member of the list.

Name	Relationship	Cell Phone
1.		
2.		
3.		
4.		
5.		

IF more members added, please ask for a Pick-Up Form

Emergency Contacts & Pick-up List



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Student Name:		Grade:	Enroll Date:
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Medical Information

Doctor's Name: _____ Phone# _____

Date of Last Physical Exam: _____ Student DOB: _____

Health Insurance: _____ Policy # _____

Medicaid? Yes No Medicaid #: _____

Please check any conditions/problems that apply to your child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma/breathing | <input type="checkbox"/> Bowel Movements | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> DD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches (severe) |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Dental (tooth) / Braces | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Bone/joint | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Nosebleeds (frequents) | <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Other: (explain): |

Other: _____

If your child has Asthma, has it been diagnosed by doctor? Yes No

If yes, what treatment has been prescribed? Inhaler Nebulizer Other (please list):

Please explain any circled conditions or another serious surgeries, illness or injuries:

Will any of the circled conditions or any other medical condition, may affect student's school performance, program or ability to participate in a regular physical program? If yes, please explain:

Please check any allergies and the severity of the condition that apply to your child:

- | | | | | | |
|--|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Insect Stings and bites | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |
| <input type="checkbox"/> Food plants / other | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | <input type="checkbox"/> Life Threat (call 911) |

If any allergies, please explain:

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the contacts listed in the emergency contacts. In the event that contact with any of the contacts on the emergency list was unsuccessful, school personnel may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and if I or any of the contacts on the emergency list could not be reached, school personnel has my permission to request transport for my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I the parent or guardian, will assume responsibility for payment of such services.

Medical Information & Conditions

Allergies & Reactions



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Student Name:		Grade:	Enroll Date:
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In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the contacts listed in the emergency list will be contacted and requested to arrange transportation/care for my child until I can be reached.

Emergency Parent Consent

I understand and agree that certain education records of my child may be shared with health care partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by health care personnel at school may be shared with school officials who have a legitimate educational purpose for accessing such treatment.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true and correct.

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

Should my child suffer an injury or illness while at school or on a school activity and the School Staff is unable to contact me immediately, the school is hereby authorized to secure such medical attention and care for my child as may be necessary.

_____ Primary Parent or Legal Guardian	_____ Signature Date
_____ Alt Parent or Legal Guardian	_____ Signature Date



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Parent Commitment Statement

We agree and recognize the responsibility unto our child and the men and women they will become. We have chosen UCA to join us in the development of our child and understand that we must cooperate with the school to achieve our goal. We realize that it is our responsibility to guide our children spirituality. In doing so, we pledge to avoid any contradictions to the Biblical principles taught at UCA.

We agree with the school's choice of curriculum and the methods they use in teaching, discipline, and counseling. We agree with UCA rules and disciplinary consequences as stated in the Parent/Student Handbook.

We agree to maintain open communication with our child's teacher and the administration. If for any reason our child is not responding to the school policies and procedures, we agree that we will not try to change the policies of the school, but rather withdraw our child in a timely manner and be responsible for the fees set forth by the school pertaining to the withdrawal.

We accept the disciplinary procedures stated in the school's Parent/Student Handbook and give UCA full discretion when it comes to the discipline of our child. We understand that if our child has done something to merit a suspension or expulsion, we will be notified immediately by a member of the administration. If for any reason, our child must serve detention, we will be notified twenty-four hours in advance to make the necessary arrangements to pick up your child after school hours. We also understand and agree that it is our responsibility to pay for our child's after school hours detention.

We realize that we will be responsible for any damages our child does to school property and will make full restitution to such.

We understand that UCA reserves the right to deny admittance to our child. We are also aware that UCA has the right to place our child in the grade level they feel is the most appropriate as evidence by class performance and other assessment tools.

We will fully cooperate with UCA and the members of its staff. If a teacher needs to speak with us, we will make every effort to be there. We also make ourselves responsible for attending all Report Card meetings to ensure we are working as a team with our child's teacher in providing the best education possible.

We agree with the Parent's Pledge of Acceptance & Cooperation of Policies and Procedures as agreed in the initial enrollment signed the previous year.

Primary Parent or Legal Guardian	Signature Date
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Alt Parent or Legal Guardian	Signature Date
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