

Heartwood Christian Academy 2022-2023 Co-op Registration Packet



Includes

- Registration Guidelines for CO-OP CLASSES with HCA Registration Form and Co-op T-Shirt Order
- Student Information Form
- Statement of Faith (Core Values of Heartwood Christian Academy)
- Activity Permission Form & Consent for Treatment of Minor Dependents
- Allergy Information Forms, *if applicable*
- Electronic Devices, Computer, & Internet Acceptable Use Policy Website & Publication Permission Form
- Parent/Guardian and Student Signature Page Regarding Electronic Devices, Computer, Internet, Website & Publication Permission
- Policies for driving on Heartwood Christian Academy (Oak Park Church) campus form

These items are required for the best interest and safety of all who are involved in the Heartwood Christian Academy Co-op activities.

HEARTWOOD CHRISTIAN ACADEMY

Registration Guidelines for CO-OP CLASSES

Classes are held at Oak Park Church 3321 Sollie Road, Mobile, AL 36695 (251)285-2936

- **Family and Teacher Partnership:** Our co-op program is a partnership between the home teacher and the co-op teacher: Additional reinforcement will be needed throughout the week at home. Parents/guardians, along with the teacher, determine the appropriate class for the student.
- **HCA Co-op Student Registration* Fee:** This is one-time per year, regardless of the number of classes. *Please see details below.*
- **Class Tuition:** Determined by the class teacher
- **Class Size Minimum / Maximum:** Determined by the class teacher
- **Class Schedule:** posted under files.
- **Orientation is August 16!** This is an abbreviated schedule to meet-n-greet the individual teachers. Class expectations and requirements will be presented at this time.
- **Homework:** In most classes, there is required homework each week.
- **High School Credit:** Determined by the class teacher
- **Campus Clothing:** Heartwood T-shirt (\$15.00) and other appropriate classroom clothing. The T-shirt is **required** for class attendance and Heartwood events and activities. These t-shirts are available through the school office:

2022-2023 Heartwood Christian Academy Co-op HCA Registration Form and Co-op T-Shirt Order

HCA enrolled families	1st student ___ x \$25 T-shirt ___ x \$15.00	2nd and 3rd student ___ x \$15 No charge for additional student T-shirt ___ x \$15.00 (must be worn for classes.)	Please contact HCA for additional student discounts (251)285-2936.
Non-HCA enrolled families	1st student ___ x \$35 T-shirt ___ x \$15.00	2nd and 3rd student ___ x \$20 No charge for additional student T-shirt ___ x \$15.00	

Please note: CLASS TUITION is payable to the individual teacher. Heartwood T-SHIRT is available through the school office. **HCA T-Shirt (\$15.00 per shirt) : YS YM YL or AS AM AL AXL (additional fee)**

STUDENT: _____ Age _____ Grade: _____

STUDENT: _____ Age _____ Grade: _____

STUDENT: _____ Age _____ Grade: _____

ADULT Contact Name : _____ **Contact # :** _____

Contact email: _____

For Reference: Home School Covering: _____

Contact Name : _____ Contact # _____

Mail to: **Heartwood Christian Academy Co-op Program**
3321 Sollie Road
Mobile, AL 36695

HCA enrolled _____ non-HCA enrolled _____ T-shirt \$ _____ **TOTAL:** _____

Received: Check # _____ Cash _____ Other _____ **Amount Paid:** _____

**2022-2023 Heartwood Christian Academy Co-op
Student Information Form**

for Office Reference

Student's Name:			
Date of Birth:	Age:	Grade Level	(___-___ school year)
School Covering:	Contact:	Phone:	
Family Reference:			Phone:
<i>This is someone that you give the teacher permission to contact as a character reference.</i>			
Home Address:			
City:	State:	Zip:	
Parent/Guardian (specify) Names:			
Best contact #:		E-mail:	
Emergency Contact:			Phone:
List any allergies, medical limitations, or other concerns: <i>(Use ALLERGY FORM, if applicable.)</i>			
Signature of Parent/Guardian _____ Date _____			
Classes			
Fees are payable to the individual teacher. <i>See teacher or description of classes for class fees.</i>			



HEARTWOOD CHRISTIAN ACADEMY

A Homeschool Ministry of Oak Park Church

251 285-2936 • 3321 Sollie Road • Mobile • Alabama • 36695

STATEMENT OF FAITH

Core Values of Heartwood Christian Academy

Please read and check your agreement of each statement of faith principle.

We believe:

- 1. ... the Holy Bible is the inspired Word of God and our standard for faith and practice.
II Tim 3: 16-17; II Peter 1:20-21
- 2. ... the Bible is the key to true education and provides foundational principles for all true knowledge. Heartwood Christian Academy's purpose is that our students "may be encouraged in heart and united in love, so that they may have the full riches of complete understanding, in order that they may know the mystery of God, namely Christ, in whom are hidden all the treasures of wisdom and knowledge."
Col.2:2-3
- 3. ... in the one triune God revealed in the Bible: God, the Father; God, the Son, Jesus Christ; and God, the Holy Spirit. Gen. 1:1; Matt 28:19; Luke 1:30-33, John 17:5; Col 1:15-23, Phil 2:5-11
- 4. ... man's salvation is through renouncing self-determination, taking responsibility for his disobedience, turning from his sin, seeking forgiveness from God, and receiving Jesus as Savior and Lord.
Acts 2:38; Rom. 10:9-10; Eph. 2:8-9
- 5. ... in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. John 15:26; Acts 2:38-39
- 6. ...the very nature and purpose of God is revealed in Jesus who came and established the Church as His Body. I Co. 12:22-27; Eph. 1:22, 23; 2:19-22; Col. 1:18, 24
- 7. ...Jesus Christ will return to earth in a visible way. His purpose will be to manifest His government over all things both in heaven and in earth. I Cor. 15:1-58; I Thess. 4:15-18
- 8. ...in a final judgment at the end of the age. The righteous and the wicked shall stand before Him and be judged. Matt 25:31-46; II Thess. 1:8, 9

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I acknowledge that I have read the Heartwood "Statement of Faith" and support these basic principles.

Signature _____

Date _____

Signature _____

Date _____

Heartwood Christian Academy
ACTIVITY PERMISSION FORM
CONSENT FOR TREATMENT OF MINOR DEPENDENTS

Consent for medical treatment forms must be completed in full and on file in the school office.

Family Name: _____ Date: _____

My student(s) has (have) permission to attend Heartwood Christian Academy (HCA) sponsored activities.

In the blocks below, please indicate each student's medical situation.

Student(s):	Requires regular medication	Medical restriction of activity	Unusual physical condition/health problem	Reaction to bee stings/insect bites?	Allergies <i>Please list separately.</i>

EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN

NAME: _____ Best Phone #: _____
Relationship: _____

NAME: _____ Best Phone #: _____
Relationship: _____

Preferred Doctor Name: _____	Phone: _____
Hospital of Choice: _____	Insurance Company: _____
Policy Number: _____	

- I understand that reasonable precautions will be taken to ensure each student's safety during school-related activities.
- I agree not to hold HCA or its staff members responsible for injuries incurred during the course of travel to and from the activity or while at the activity.
- I understand that reasonable efforts will be made to contact parents/guardian in the event of an emergency. However, I authorize Heartwood Christian Academy (HCA) to seek medical treatment deemed necessary by HCA administration if I cannot be reached.
- INSURANCE: Each family is responsible for primary coverage. Heartwood Christian Academy carries secondary (or excess) medical and hospitalization insurance coverage on each student.**
- I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from Heartwood Christian Academy's medical and hospitalization coverage. These secondary benefits are subject to the exclusion, limitation and provisions in the Heartwood Christian Academy student policy.

Parent/Guardian Signature: _____ Best contact #: _____

Printed Name: _____ Date: _____

HEARTWOOD CHRISTIAN ACADEMY

FOOD ALLERGY ASSESSMENT FORM

Please complete all applicable information.

Student: _____ M/F: _____ DOB: _____ Date: _____

Parent/Guardian: _____ Best contact # _____ Other: _____

Do you think your child's food allergy may be life-threatening? No ___ Yes ___

Did your student's health care provider tell you the food allergy may be life-threatening? No ___ Yes ___

HISTORY AND CURRENT STATUS

Check the foods that have caused an allergic reaction:

- | | | |
|---|---|---|
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Peanut (or nut) butter | <input type="checkbox"/> Peanut (or nut) oils |
| <input type="checkbox"/> Fish/shellfish | <input type="checkbox"/> Soy products | <input type="checkbox"/> Tree nuts (walnuts, almonds, pecans, etc.) |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Milk | |

Please list any others: _____

How many times has your student had a reaction? _____ Last reaction? _____

Explain: _____

TRIGGERS AND SYMPTOMS

What can cause the reaction to the problem food(s)? *Check all that apply.*

- Eating foods
- Touching foods
- Smelling foods
- Other, please explain _____

What are the signs and symptoms of your student's allergic reaction? *Be specific; include things the student might say*

How quickly do the signs and symptoms appear after exposure to the food(s)? Seconds ___ Minutes ___ Hours ___

TREATMENT

Does your student understand how to avoid foods that cause allergic reactions? Yes ___ No ___

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Have you used the treatment? No ___ Yes ___ Does your student know how to use the treatment/medication? No ___ Yes ___

Please describe any side effects or problems your student had in using the suggested treatment or medication.

If medication is to be used at school, is the form "**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**" on file at Heartwood Christian Academy? Yes ___ No ___

If medication is needed at school, have you brought the medication or treatment supplies to school? Yes ___ No ___
I need to get the medication/treatment and bring it to Heartwood.

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION, if applicable.

Student Name: _____ **DOB:** _____ **Age:** _____

There exists a valid health reason which may make administration of the medication during school hours.

Name of Medication _____ Dosage _____

Method of Administration _____ Time(s) to Be Taken _____

Diagnosis or reason for medication: _____

Specify the minimum length of time between doses: _____

Please initial:

_____ I request and authorize the above-named student to be administered the above identified medication in accordance with the instructions indicated above from (date) _____ to (date) _____ (not to exceed current school year).

_____ This student has been instructed and has demonstrated the ability to properly manage self-administration of medication.

_____ I request and authorize this student to self-administer their medication under the supervision of the school administration. Yes ____ No ____

_____ I understand that, in a case of emergency, the prescribed medications may be administered by *non-licensed Heartwood Administration*.

_____ Medication information may be shared with school staff working with my child and 911 staff, if they are called.

Possible medication side effects:

Emergency procedure in case of serious side effects of the listed medication _____

All medication supplied must be brought to school in its original container with instructions by the prescribing licensed health professional.

Parent/Guardian Signature: _____ Date of Signature: _____

Printed Signature _____

Best contact #'s: _____ (cell) _____ (work) _____ (other)

SEIZURE and/or LIFE-THREATENING ALLERGY CARE, if applicable

NAME:	DOB:	Age
Severe ALLERGY to:	Other Allergies:	
Asthma? Yes (high risk for severe reaction) _____ No _____	Seizures? Please clarify seizure type and symptoms.	
Please list the specific symptoms the student has experienced in the past:	Routine medications (at home/school):	Date of last reaction:
Location(s) of EpiPen®/Rescue/Quick Acting Medications is/are stored: Backpack _____ On Person _____ Other _____		

SEIZURE and/or ALLERGY SYMPTOMS

If you suspect a severe allergic reaction, immediately ADMINISTER Epinephrine and call 911.

- MOUTH Itching, tingling, or swelling of the lips, tongue, or mouth
- SKIN Hives, itchy rash, and/or swelling about the face or extremities
- THROAT Sense of tightness in the throat, hoarseness, and hacking cough
- GUT Nausea, stomachache/abdominal cramps, vomiting, and/or diarrhea
- LUNG Shortness of breath, repetitive coughing, and/or wheezing
- HEART "Thready" pulse, "passing out," fainting, blueness, pale
- GENERAL Panic, sudden fatigue, chills, fear of impending doom
- OTHER Some students may experience symptoms other than those listed above

MEDICATION ORDERS

EpiPen® (0.3) EpiPen Jr.® (0.15) Inhaler	Side Effects:	
Repeat dose of EpiPen®: Yes _____ No _____	If YES, when	
Antihistamine: _____cc/mg	Give: _____ Teaspoons _____ Tablets by mouth	Side Effects:
Is it medically necessary for this student to carry an EpiPen® during school hours? Yes _____ No _____		
<input type="checkbox"/> Student may self-administer EpiPen®. Yes _____ No _____ <input type="checkbox"/> Student has demonstrated use to Licensed Health Care Provider (LHCP). Yes _____ No _____		

ACTION PLAN

FOR SEIZURES: Please give detailed protocol for Heartwood to follow.

CALL PARENTS AND GIVE MEDICATION AS ORDERED ABOVE.

NOTE TIME _____ AM/PM (EpiPen®/adrenaline given) NOTE TIME _____ AM/PM (Antihistamine given)

CALL 911. 911 must be called *WHENEVER EpiPen® is administered.*

- DO NOT HESITATE to administer EpiPen® and to call 911, even if the parents cannot be reached.
- Advise 911 student is having a severe allergic reaction and EpiPen® is being administered.
- An adult trained in CPR is to stay with student, monitor and begin CPR if necessary.
- Student should remain with an adult trained in CPR at the location where symptoms began until EMS arrives.

Parent/Guardian Signature: _____	Date of Signature: _____
Best contact #'s: _____ (cell) _____ (work)	



PUBLICATION, ELECTRONIC DEVICES, COMPUTER, & INTERNET ACCEPTABLE USE POLICY

Please keep this section for future reference.

With the educational opportunity of electronic devices, computer, and the internet usage comes responsibility. Part of our responsibility in preparing students for the future is to teach them to use wisely these tools.

It is important that you and your student read and discuss the following contract regarding the use of the computer and Internet in our classrooms. It is imperative that procedures for online access are followed. Inappropriate use will result in the loss of on-line and basic computer privileges.

We encourage you to discuss with your student that there is unacceptable and controversial material on the internet that could be accessed despite our precautions. Express your family's values to help guide your student's activities while he or she is using internet sources.

If you want your student to have the opportunity to access information on the Internet for educational purposes, please sign and return the attached *Parental/Guardian and Student Contracts*.

SUMMARY OF ELECTRONIC DEVICES, COMPUTER, AND INTERNET USAGE

1. It is a privilege, not a right, to use computers and Internet at Heartwood Christian Academy.
2. Signed parent/guardian and student contract must be on file for the student to have computer and Internet access.
3. Inappropriate use will result in cancellation of usage.

Unacceptable Uses

1. Using copyrighted materials in reports without permission.
2. Publicizing your home address, phone number, or other personal information.
3. Bringing CD-ROMs from home. All disks must be provided by the school,
4. Copying and distributing commercial software in violation of copyright law.
5. Using profanity or obscenity.
6. Creating a computer virus and placing it on the school computer or Internet.
7. Sending anonymous messages of any kind.
8. Altering or forwarding personal communication without the author's prior consent.
9. Using the network or Internet to access a file that contains pornography, inflammatory material, inappropriate material, or any material not specifically related to the instructional lesson, objective, or assignment.
10. Using the network for sending and receiving personal messages, via e-mail, or social media.
11. Using the network to send and or receive inflammatory messages.
12. Ordering services or merchandise from other agencies that have Internet access. Heartwood Christian Academy shall not be held responsible for any transactions or be liable for any cost or damages arising out of the actions of students or merchants.
13. Using the network for financial gain, for commercial activity, or for any illegal activity.

Please see the signature page to sign and return to the Heartwood school office.

**ALL USERS SHOULD BE AWARE THAT THE INAPPROPRIATE USE OF INTERNET INFORMATION RESOURCES
CAN BE A VIOLATION OF LOCAL, STATE, AND FEDERAL LAWS.**

One form per student. Return this form to the office.

HEARTWOOD CHRISTIAN ACADEMY: PERMISSION FORM / SIGNATURE PAGE

PARENTAL / GUARDIAN CONTRACT REGARDING PUBLICATION & INTERNET PERMISSION, ELECTRONIC DEVICES, COMPUTER, AND INTERNET USAGE AT HEARTWOOD CHRISTIAN ACADEMY (HCA)

STUDENT NAME _____ YEAR _____

HCA STUDENT PUBLICATION

- Heartwood Christian Academy's publications, public, and private websites will be updated periodically with new pictures and other schooling information.
- No pictures will be identified with names with exception of the yearbook.
- No personal information will be placed on the web.

Heartwood Christian Academy has my permission to use my student's photo on the school's publications, private and public websites.

Parent/Guardian Signature _____ Date _____

- I decline the publication of my student(s) name, photo, &/or information on any website &/or yearbook.

Parent/Guardian Signature _____ Date _____

.....
PARENT/GUARDIAN CONTRACT REGARDING COMPUTER AND INTERNET USE AT HCA

AS THE PARENT OR GUARDIAN OF THIS STUDENT, I HAVE READ THE TERMS AND CONDITIONS FOR PUBLICATION, ELECTRONIC DEVICES, COMPUTER AND INTERNET ACCESS PRIVILEGES:

1. I understand this access is for educational purposes and that Heartwood Christian Academy has taken available precautions in forewarning and educating all interested parties of the controversial material that is accessible on the Internet.
2. I also recognize that it is impossible for the school and its employees to restrict access to all controversial materials
3. I will not hold Heartwood Christian Academy or its employees responsible for materials acquired by my student(s) on the network in violation of the **ELECTRONIC DEVICES, COMPUTER, & INTERNET ACCEPTABLE USE POLICY WEBSITE & PUBLICATION** Policy.
4. I accept full responsibility for supervision if my student's use of the Internet is not in a classroom setting.
5. I give permission to Heartwood Christian Academy to issue Internet and computer access privileges to my student(s).

Parent/Guardian Signature _____ Date _____

- I decline my student(s) access to the internet in the classroom for educational purposes.

Parent/Guardian Signature _____ Date _____

.....
STUDENT CONTRACT REGARDING THE USE OF ELECTRONIC, COMPUTER, AND THE INTERNET USAGE AT HEARTWOOD CHRISTIAN ACADEMY

1. I agree to abide by all rules that are listed in the **Heartwood Christian Academy Electronic, Computer, and Internet Acceptable Use Policy**.
2. I realize that the primary purpose of the internet connection/access is educational.
3. I realize that the use of the computer and internet is a privilege, not a right.
4. I accept that inappropriate behavior may lead to penalties, including revoking internet access and basic computer use.
5. I agree not to download any shareware, freeware, files, apps, programs, or any of the sort from the internet without permission from the instructor or administration.
6. I agree not to bring software from home with the intent of loading it onto the school computers.

Student's Signature _____ Date _____



POLICIES FOR DRIVING ON HEARTWOOD CHRISTIAN ACADEMY (OAK PARK CHURCH) CAMPUS FORM

- A. Student Permission and Registration**
- B. Vehicle Registration**

Student safety is foremost in these policies.

Driving on the Heartwood Christian Academy (HCA) (Oak Park Church) campus is a privilege. High school students who are given the opportunity to drive should respect and obey all campus rules for vehicles.

1. *Designated Parking:* Student drivers may park in designated Heartwood Christian Academy co-op parking areas.
2. *Unsafe Driving:* Students who speed or drive in an unsafe manner on the HCA (OPC) campus will have their campus driving privileges revoked.
3. *Registered Vehicles:* All *student* vehicles parking on the campus must be registered with the Heartwood Christian Academy (HCS) office.
4. *Students in Cars:*
 - a. Students may not return to their cars during the HCA co-op day without permission from HCA officials: Terina Mounce or Bonita Harris.
 - b. Students may not stay in vehicles while on HCA (OPC) campus before, during, or after co-op hours.
5. *Other Students:* Students who drive should not transport other HCA co-op students in their vehicles without parental/guardian permission.



SIGNATURE SECTION Regarding Driving and Parking on Campus

A. STUDENT PERMISSION AND REGISTRATION

• Parent / Guardian Section:

____ I have read and agree to the above listed policies for my student _____ driving on the Heartwood Christian Academy (Oak Park Church) campus.

Parent / Guardian Signature _____ **Date** _____

• Student Contract:

____ I have read and agree to the above listed policies for driving and parking on the Heartwood Christian Academy (Oak Park Church) campus.

Student Signature _____ **Date** _____

B. VEHICLE REGISTRATION

Make _____ **Model** _____ **Year** _____

This permission form must be on file with the Heartwood office.