

# Heartwood Christian Academy 2025-2026

## Co-op Registration Packet



**As you fill out the following forms, some may not pertain to your family. Please fill out all that are appropriate. Thank you!**

### **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

**ALL FORMS MUST BE RECEIVED PRIOR TO ATTENDING ANY CLASS.**

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 19! 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:

### 2025-2026 Heartwood Christian Academy Co-op HCA Registration Form and Co-op T-shirt Order

HCA enrolled families	Fees are included in COVER enrollment.		Please contact HCA for additional student discounts (251)285-2936.
Non-HCA enrolled families	<b>ANNUAL BUILDING FEE: \$75.00/family</b>	<b>1-2 students \$30 each with T-shirt or No T-shirt \$20.00</b> <i>Discount only upon registration</i> <i>Additional students: registration form.</i>	

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)

*T-shirts are to be worn during co-op except for designated exception days: Dr. Seuss Day, 50's Day, Patriotic Day, etc.*

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:** \_\_\_\_\_

# 2025-2026 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:	
Medical concerns? Please circle Yes or No. 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. See teacher or description of classes for class fees.		



# 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: \_\_\_\_\_

<b>Preferred Doctor Name:</b> _____	<b>Phone:</b> _____
<b>Hospital of Choice:</b> _____	<b>Insurance Company:</b> _____
<b>Policy Number:</b> _____	

- ☐ 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)	





## 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 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 office.
4. *Students in Cars:*
  - a. Students may not return to their cars during the HCA co-op day without permission from HCA administrators.
  - b. Students may not stay in vehicles while on HCA 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.*