NLCAH Elementary (PK-Kinder) Registration Checklist for New Students

In the spirit of Christian unity and the love that Christ shows for all mankind, New Life Christian Academy Hybrid (NLCAH) does not discriminate on the basis of race, age, national origin, or physical disability. However, NLCAH does reserve the right to use appropriate selection criteria in fulfillment of its goals and objectives for student enrollment.

Date_____ Student's Full Name_____ Grade Entering__ ____ Age_____

*All items **must be submitted** to the Registrar's Office **before** an Entrance Exam is scheduled.*

1. Student Enrollment Application _____
2. Enrollment Questionnaire _____
3. Teacher/Daycare Recommendation Form _____
4. Immunization Records _____
5. Physical Form _____
6. Copy of SS card _____
7. Copy of Birth Certificate _____
8. Student Emergency Authorization _____
9. Legal Documents (applicable) _____
10. Copy of Parent(s)' or Legal Guardians' ID ___ Dad ___ Mom
11. Application Fee _____ Date Payment Received_____
12. Copy of Transcript _____

    Date of request: _____ *Date received:* _____
13. Interview Date: ___-___-____ Interviewer: _____ Accepted: ☐ Yes ☐ No

    Probation: ☐ Yes ☐ No If yes, please explain _____

    _____
14. Registration Payment made to Finance Officer

    Date Payment Received: _____ Received by: _____
15. Graduation Date: _____ Withdrawal Date: _____

Checklist should be placed in student's file upon the completion of all items

NEW LIFE CHRISTIAN ACADEMY HYBRID
NEW STUDENT ENROLLMENT APPLICATION

Section 1: STUDENT INFORMATION

Date: _____ School Year: _____ to _____ Grade Entering: _____

Legal Name: _____ "Goes By" _____

SSN: _____ DOB: ___/___/___ Age: _____ Gender: M F Height: _____ Weight: _____

Please Check One: □ Asian / Pacific □ Afro-American

□ Caucasian □ Hispanic □ Other_____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Hospital Preference: _____

Section 2: PARENTAL INFORMATION (Please complete for legal guardians with whom the child lives)

Parent's Name: _____ _____

Address: _____ City: _____ State: ____ Zip: _____

Home #: _____ His Cell #: _____ Her Cell #:_____

His Employer: _____ Occupation: _____ Work #_____

Her Employer: _____ Occupation: _____ Work #_____

His Email: _____ Her Email: _____

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Separated

Section 3: STUDENT PICK UP / EMERGENCY CONTACT

Please list the names of the individuals authorized to pick up your child from School.

Name: _____Relationship:_____ Phone: _____

Name: _____Relationship:_____ Phone: _____

Name: _____Relationship:_____ Phone: _____

Name: _____Relationship:_____ Phone: _____

Section 4: REFERRAL INFORMATION

Who may we thank for referring you to NLCAH? ____Radio ____Internet ____Advertisement

____Friends/Family ___Current Student (_____) ___Other_____

Section 5: SCHOOL RECORD INFORMATION

How many schools/daycares has student attended: _____ Home Schooled: □ Yes □ No

How many schools did child attend this past year: _____ From: _____ to _____

Name of last school attended: _____

Address: _____ City: _____ State: ____ Zip: _____

Section 6: PERMISSION FOR DISCIPLINARY MEASURES

The school administrators are responsible for maintaining an orderly discipline in the Academy for the progress and welfare of each student.

Section 7: PERMISSION FOR PARTICIPATION IN SCHOOL ACTIVITIES

I give my permission for my child to participate in all school activities, including school sponsored trips away from school premises. I absolve the school from liability due to injury or accidents while my child participates in these activities and trips.

Section 8: POLICY AGREEMENT REGARDING REFUNDS

In submitting the Application for Enrollment, it is my desire for my child to complete this school year. It is also my understanding that the school policy is that refunds are not given for registration or any other fees.

STATEMENT OF FAITH

We believe the Bible is the inspired Word of God and Divine revelation of Jesus Christ, God's son. We believe in the Trinity of the God-Head, the Father, the Son, and the Holy Spirit. We believe that Jesus Christ was born of a virgin; walked upon and ministered on the earth, died the death of the cross; arose from the dead; and is now seated at the right hand of God. We believe that man's only salvation is through the recognition of the Lordship of Jesus and the acceptance of Him as Lord and Savior. We believe that Jesus Christ has sent the Comforter, in the person of the Holy Spirit and that we may be infilled by Him and speak in other tongues as He gives us the utterance as recorded in God's Word. We believe in the gifts of the Spirits as expressed in I Corinthians chapters 12-14, being manifested in the local church. We believe in water baptism by immersion after accepting Jesus as Lord and Savior. We believe in celebration of the Lord's Supper in remembrance of our Lord, Jesus Christ. We believe in the total substitutionary sacrifice of Jesus – He was made poor that we might be made rich. We believe that God is our answer, not our problem, and that He does not use sickness, disease, test, trials, nor tragedy to teach his children but instead uses His word to instruct us in the ways of righteousness. We believe in the second coming of Jesus Christ and that we, as members of His body, shall reign together with Him. We believe in conducting our business and personal lives in a manner that will not bring dishonor or reproach to the name of Jesus. We believe in the building up of the Body of Christ through the assembling of ourselves together for fellowship and the teaching of God's Word.

"For other foundation can no man lay than that is laid, which is Jesus Christ" I Corinthians 3:11

I have read, understood, and consent to the above permissions. I have also read and agree with the School's statement of faith. I affirm that all information on this application is true and up to date, and I will notify the school of any changes. I understand that incorrect information may lead to administrative dismissal.

_____ _____

SIGNATURE **DATE**

NEW LIFE CHRISTIAN ACADEMY HYBRID
ENROLLMENT QUESTIONNAIRE PK-Kinder

Date: _____ Name: _____ Age: _____ Grade: _____

In regards to your child, please check the correct answer and answer all questions truthfully. Inaccurate, or falsified, information may lead to your child's dismissal from the Academy.
For all questions in which a "Yes" is checked, please provide details below.

1. Has your child ever been recommended for special education? □ Yes □ No
2. Has your child ever been held back or not promoted to the next grade? □ Yes □ No
3. Has your child ever been placed under child protective custody? □ Yes □ No
4. Has your child ever been suspended or expelled from daycare/school? □ Yes □ No
5. Has your child ever been sent to an alternative (disciplinary) school? □ Yes □ No
6. Is your child on prescribed or maintenance medication? □ Yes □ No
7. Has your child ever been diagnosed as Attention Deficit or Hyperactive? □ Yes □ No
8. Has your child ever been in trouble with daycare/school for behavioral issues? □ Yes □ No
9. Does your child have any issues with using the restroom on his/her own? □ Yes □ No
10. Does your child have any special/medical needs? □ Yes □ No

Please provide details for all above "Yes" boxes:

_____

_____

_____

_____

_____

_____

I certify that I am the legal parent/guardian of the student named on this questionnaire and that I have answered all questions truthfully to the best of my knowledge. I understand that information intentionally withheld may result in my child's dismissal from the Academy.

_____ _____

Signature Date

CONFIDENTIALTEACHER RECOMMENDATION FORM

Applicant should complete this section and then give this form to the Daycare Facilitator/Teacher or other authorized personnel.

Applicant's Name_____ Grade Entering_____ DOB_____

Signature of Parent or Guardian_____ Date_____

The above named student has applied for admission to New Life Christian Academy Hybrid. In order to make an intelligent selection of students and to adequately meet their needs, we must obtain as much information as possible before he/she comes to us. We ask that you complete this form only answering the questions about which you have knowledge. The information you give will be kept in strict confidence. Once completed please mail or fax to:

New Life Christian Academy Hybrid
6622 Highway 90 West
San Antonio, TX 78227
210-679-6080 (Fax)

Name of School_____ Name of Teacher (print)_____

In what capacity and for how long have you known the applicant? _____

_____

Please indicate your rating by numbers in the right-hand column. Use a question mark where you have insufficient evidence.

	5	4	3	2	1	RATING
ACADEMIC ABILITY	Exceptional	Above Average	Average	Lower Marginal Ability	Poor Academic Risk	
INITIATIVE, DRIVE	Outstanding takes the initiative	Above Average Needs little direction	Average	Occasionally weak or lacking	Very Weak	
LEADERSHIP & RESPONSIBILITY	Highly Respected, Well Liked	Influential & Respected	Accepted, but not sought out	No signs of leadership or involvement	Irresponsible	
ACHIEVEMENT	Outstanding Promotes Involvement	Commendable Team-player	Active	Minor Participation	No Participation	
PARENTAL SUPPORT	Exceptional	Very Good	Average	Sometimes Unsupportive	Very Unsupportive	
PEER RELATIONSHIPS	Respected, Good choices in friends	Respected & Liked	Sociable, Influenced by peers	Makes sociable contact	Unsociable	
CHARACTER	Completely trustworthy	Dependable	Exhibits some deceptions	Dishonest	Untrustworthy	
EMOTIONAL STABILITY	Extremely Well Balanced	Well Balanced	Usually No Problems	Some Problems	Highly Emotional	
SUMMARY AS A PERSON	Outstanding	Above Average	Average	Below Average	Poor	

Do you recommend this student to attend New Life Christian Academy Hybrid? ☐ Yes ☐ No ☐ Reservation *

_____

Teacher's Signature_____ Date_____

PASTORAL RECOMMENDATION FORM

Please complete Section 1. and then send the form to their Pastor to fill out Section 2.

SECTION 1.

Name_____

Address_____**City**_____**State**_____**Zip**_____

Home Phone(____)_____**Work Number(____)**_____**Cell Number(___)**_____

Place of Church Membership_____ **Phone Number**_____

Pastor's Name_____

SECTION 2.
TO BE FILLED OUT BY THE PASTOR (CONFIDENTIAL)

Your recommendation is important. Once completed, please return this form to New Life Christian Academy Hybrid, 6622 Hwy 90W, San Antonio, TX 78227. You may FAX the completed form to the Admission office at (210) 679-6080

Member of the Church ☐ **Yes** ☐ **No** ☐ **Unknown**

Financially supports the church ☐ **Yes** ☐ **No** ☐ **Unknown**

How regularly does the student and his/her family, attend worship services? _____

_____

Please check the all areas that this individual or family is active in your church.

____ Choir or Music Ministries ____ Youth Ministry ____ Bible Study ____ Children's Ministry

____ Sunday School Teacher/Worker ____ Outreach Ministries ____ Other_____

How well do you know this individual/family? _____

_____

Pastor's Name (Print)_____ **Date**_____

Pastor's Signature_____ **Date**_____

NEW LIFE CHRISTIAN ACADEMY HYBRID
6622 Highway 90 West
San Antonio, Texas 78227
Phone: 210.679.6001 Fax: 210.679.6080
www.newlifehybrid.com

Student Information	__20____-_20_____ School Year	_____ Grade	__ M ___ F	___/_____/_____ Date of Birth

Legal Name _____
Home Address _____
Street City State Zip

Parent/Guardian Information	A telephone number where a parent/guardian can be reached in case of emergency is required

Father/Legal Guardian _____ Place of Employment _____

Home Phone (____)_____ Business Phone (____)_____ Cell Phone (____)_____

Mother/Legal Guardian _____ Place of Employment _____

Home Phone (____)_____ Business Phone (____)_____ Cell Phone (____)_____

Please list names of other adults who are authorized to pick up your student and make important decisions if necessary.

_____(____)_____(____)_____(____)_____
Adult #1 Relationship Home Phone Work Phone Cell Phone

_____(____)_____(____)_____(____)_____
Adult #2 Relationship Home Phone Work Phone Cell Phone

Medical Information

Please complete the following. Unless otherwise restricted by law, special health problems will be shared with appropriate staff and faculty to provide the best possible care for your student. Check all that apply.

Student Physician	Address	City	State	(____)_____ Telephone
_____	_____			

New Life Christian Academy Hybrid does not assume any financial responsibility, but will provide or arrange emergency care. By signing this card you are giving the appropriate school personnel authority to cal EMS, to transport, or to obtain medical care if you or the alternate adult cannot be reached.

CONDITION	List any other health condition that would be significant in the care of your child at school.
Asthma	
Diabetes	
Is child taking medication? Yes ☐ No ☐ If yes, please specify	
Epilepsy/Seizure Disorder Date of last	
Heart: Type of condition	
Allergies – Type (Food, Insect, Other) Reaction: Mild ☐ Severe ☐	
Updated Immunizations: Yes ☐ No ☐ If yes when:	
Epipen: Yes ☐ No ☐	

Vision: Glasses ☐ Contacts ☐ Visual Impairment: _____

Has child had a hearing test: Yes ☐ No ☐ If yes, when? _____

I hereby grant permission for emergency care to be given by the attending physician and/or school personnel. I also give permission for EMS to be called and/or my child to be transported as necessary by school personnel. I will NOT hold New Life Christian Academy Hybrid financially responsible for the emergency care and/or transportation of my child.

_____ _____

Signature of Parent/Guardian Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 10-18-07

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print)_____ Sex_____Age _____Date of Birth_____

Address_____Phone_____

Grade _____ School _____

Personal Physician _____Phone_____

In case of emergency, contact:

Name _____Relationship_____ Phone (H)_____(W)_____

Explain "**YES**" answer in the box below **. Circle the questions to which you do not know the answers. *Any **YES** answer to questions 1,2,3,4,5 or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required **before** any participation in TAPPS practices, games or matches.*

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____ When was the last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below.		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm		☐ Foot

		Yes	No
16.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19.	When was your first menstrual period? _____
	When was your most recent menstrual period? _____
	How much time do you usually have from the start of one period to the start of another? _____
	How many periods have you had in the last year? _____
	What was the longest time between periods in the last year?

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the ~~University~~ Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE. SCRIMMAGE OR CONTEST BEFORE. DURING OR AFTER SCHOOL.

7/5/2016

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____Age _____ Date of Birth_____

Height _____ Weight _____ % Body fat (optional)_____ Pulse _____ BP____/____ (____/____, ____/____)

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal _____ Unequal _____

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

_____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

_____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination:_____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.