



SWCCA

Southwest Community Christian Academy

"At Southwest, We Can Accomplish Anything"

14880 Bellaire, Houston, Texas 77083 (281) 575-9400

Rev. Gregg J Patrick-Pastor, Mrs. Yolanda Roberts- Director
Mrs. Quianna Keller-Principal

ADMISSIONS APPLICATION

(Check One) Academy _____ Day School _____

Admission Date _____ / _____ / _____

Note: This application should not be viewed as an assurance of enrollment, but it is intended only to provide a basis of information, by which a decision may be reached.

The following must accompany this application:

***Registration Fee *Birth Certificate *Immunization Records *Child's Personal Record**

A. **Non Discrimination Policy:** SWCCA admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities that are normal to all students at the school. We do not discriminate on the basis of race, color, nationality or ethnic origin in administration of its education, admissions, athletics policies, and other school administered programs. This is a Christian school and applicant is aware Christian faith, ethics, principles and religious practices will be taught directly from all staff to the student.

B. **GENERAL RECORD:** (Circle one) New Student Returning Student

Student: _____
(Last) (First) (Middle) Soc. Sec. Number

Application for Grade: _____ **Sex:** _____ **Date of Birth:** _____
Month Day Year

Student Phone: _____ **Other Phone** _____

Address: _____ **Apt.** _____

City: _____ **State** _____ **Zip:** _____

Parent/Guardian: _____
First Name Last Name

Ethnic Category : (Circle One) Asian Caucasian Oriental Hispanic
East Indian African American/Black/Native American

Mother's Name: _____ **Phone:** _____
First Last Area Number

Cell Phone Provider _____

Employer Name: _____ **Phone:** _____
Email Address _____

Father's Name: _____ **Phone:** _____
First Last

Cell Phone Provider _____

Employer's Name: _____ Phone: _____
Email Address: _____

Other School Age Children in Family:

Name: _____ Age _____ Grade _____ School _____

Name: _____ Age _____ Grade _____ School _____

Name of Person(s) authorized to pick up student:

	Name	Telephone #	Relationship
1.			
2.			
3.			

Has the applicant ever been denied admission to a school? _____

Why? _____

Has the applicant ever been suspended or expelled from school? _____

When? _____ Why? _____

Last school attended: _____

Has the applicant ever received testing or services for a learning disability? Yes No Grade _____

Comments: _____

If applicant has formerly attended a private, Christian or parochial school, are there any payments in arrears? Yes No

C. CHILD'S SPIRITUAL RECORD:

Home Church: (Name) _____

(Address) _____

(Denomination) _____

Date Last Attended _____ Phone _____

Pastor _____

Has the applicant accepted Jesus Christ as personal Lord and Savior?
Yes No Year _____

Has the applicant been water baptized? Yes No Year _____

Are parent's active members of a Christian Church? Yes No

Do you attend one service per week at your church? Yes No

D. PARENT QUESTIONNAIRE: (Attach additional sheets if necessary)

How did you find out about SW Community Christian Academy and Day Care?

What do you see as your child's greatest needs?

Spiritual _____

Behavioral _____

Academic _____

Social _____

How do you see yourself being involved in the educational process of your child? _____

Do you teach Christianity in the home? _____ Is it practiced? _____

What do you see are the strengths of your child? _____

Please explain below why you want your child to attend SW Community Academy and Day Care:

Would you like to become involved in the Parent-Teacher Fellowship? _____

Please give us any other pertinent information concerning your child's educational and spiritual background:

PARENTAL AGREEMENT

The Day School will be open from 6:00 AM to 6:00 PM for my child. A late fee \$1.00 per minute will be charged for late pick-up beginning at 6:30pm.

ALSO: I agree to pay in advance of each week's or month's tuition. I understand tuition for the academy is paid monthly and includes holidays, student vacations, make-up days, and all other day outs until the school year is completed; **MONTHLY ACADEMY CONTRACTS ARE FOR 10 MONTHS, OR UNTIL THE END OF THE CURRENT SCHOOL YEAR.**

I am aware that a **\$25.00 LATE FEE** will be charged for payments received after 6:00pm on Tuesdays for weekly accounts. Accounts not paid by the 5th of each month will be charged a delinquent fee of \$40.00. Accounts not paid by the 10th will be charged an additional fee of \$10.00 per day. After the 5th of the month the child will not be allowed to return to class.

I agree to pay a registration fee at the time of enrollment to be renewed each August.

I understand this enrollment fee is not refundable.

I have received my parent handbook containing additional policies and procedures.

I understand that SWCCA does not use corporal punishment, but may suggest such measures to be used through parental discretion.

AFFIRMATION:

I hereby affirm that all of the information contained in this application is true and accurate to the best of my knowledge.

I understand that providing any false information would be sufficient reason for the rejection of this application.

Date _____

Signature of Parent or Guardian

Student Resides with: (Circle One) Mother/Father--Mother only-Grandparent-

Father only-Guardian-Father/Step Mother-Mother/Step Father-Aunt-Uncle
THIS FORM MUST BE COMPLETED AND RETURNED TO THE ACADEMY DIRECTOR OR ADMINISTRATOR ON OR BEFORE THE FIRST DAY OF YOUR CHILD'S ATTENDANCE.

=====
--OFFICE USE ONLY--

Date of Entry _____ Date of Withdrawal/Dismissal _____
Administration Approval _____ (Must be signed for
admittance)

PARENTAL TRANSPORTATION AUTHORIZATION FORM

I, _____, give my permission for my
child (or children) _____,
to be transported to and from school and/or field trips
by Southwest Community Christian Academy personnel or
designates.

Parent's Signature

Date

EMERGENCY MEDICAL CARE PARENTAL AUTHORIZATION

Child's Name _____ Grade _____

Doctor's Name _____

Address _____

Doctor's Phone Number _____

Known Allergies _____

Hospital Name _____

Address _____

Hospital Phone Number _____

Parent's Insurance Company Name _____

Policy Number _____

Telephone Number _____

**I HEREBY AUTHORIZE SOUTHWEST COMMUNITY CHRISTIAN
ACADEMY, TO TAKE MY CHILD TO THE ABOVE NAMED PHYSICIAN,
HOSPITAL, AND/OR ANY HOSPITAL OR EMERGENCY CARE
FACILITY, FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT
OF AN EMERGENCY IN WHICH PARENT CANNOT BE REACHED.**

Parent's Signature

Date

SOUTHWEST COMMUNITY CHRISTIAN ACADEMY

EMERGENCY CONTACT INFORMATION

Give the name of person to call in case of an emergency if parents/guardian cannot be reached.

Child's Name: _____

CONTACT NAME:	CONTACT PHONE NUMBER:
CONTACT STREET ADDRESS:	RELATIONSHIP:
CITY, STATE:	ZIP CODE:

WATER ACTIVITIES

Water Activities: I hereby

- Give my consent for my child to for my child to participate in water activities:
 - Sprinkler Play Splashing/Wading pools
 - Swimming Pools
 - Water Table Play
- DO NOT** give my consent for my child to participate in water activities.

SCHOOL AGE CHILDREN:

SCHOOL AGE CHILDREN:

- My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

- His/her immunization record is on file at the school and all Immunizations and tuberculosis test are current. Current Vision and Hearing screening records are also on file.
- My child has permission to ride a bus, walk to and from School, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):



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Child's Health Statement (Completed By Parent)

My child _____, is now in a state of good physical health and has my approval to attend the Southwest Community Christian Academy and participate in its' activities other than restrictions listed below.

He/ She has been examined by a licensed physician within the past year. Date of last doctor visit ___/___/___.

My child is currently using the following prescribed medications: _____

Activity Restrictions: _____

Doctor's Name _____ Phone Number _____

Doctor's Address _____



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Child's Health Statement
(Completed By Doctor)

My patient _____, is now in a state of general good health, and has my approval to attend the Southwest Community Christian Academy and participate in its' activities other than restrictions listed below.

I have examined him/her within the past year.

My records indicate that this patient is currently using the following medications: _____

Restrictions: _____

Doctor's Name _____ Signature _____

Doctor's Address _____

Please Fax To: SWCCA School Office @ 281.575.1449