



# LEGACY

CHRISTIAN ACADEMY  
OF GRANBURY

www.legacychristianofgranbury.com 817-736-2952

Please  
attach  
recent photo  
of  
student applicant

## Summer 2020 Enrollment

*This tuition commitment is non-refundable.*

Applicant's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

**Last**                      **First**                      **Middle**

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_  
**Street**    **City**    **State**    **Zip Code**

House Phone \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_

Student E-mail \_\_\_\_\_ **2020 GRADE** \_\_\_\_\_

### FAMILY DATA

#### Father

\_\_\_\_\_  
Name in Full (Include Dr., Mr.)

\_\_\_\_\_  
Home Address (if different from above)

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Occupation Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phon

#### Mother

\_\_\_\_\_  
Name in Full (Include Dr., Mrs. Ms.)

\_\_\_\_\_  
Home Address (if different from above)

\_\_\_\_\_  
City    State    Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Occupation Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Phone

**Please check any that apply:**

Parents married  Parents divorced  Parents separated  Father deceased  Mother deceased  Father remarried  
 Mother remarried

If parents are divorced or remarried, please provide the following information:

Who has legal custody? \_\_\_\_\_

Student lives with:  Both Parents  Father  Mother  Stepfather  Stepmother   
Other \_\_\_\_\_

Does this student have other siblings? \_\_\_\_\_ If so:

Sibling Name/Age	Current Grade	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandparent(s) Name(s): \_\_\_\_\_ Grandparent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Church affiliation** \_\_\_\_\_

- Please list special experiences/interests/talents of applicant, including church activities, athletics, music, art, hobbies, Scouting, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has your child received any special recognition and/or awards? (Not limited to school)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about SHAPE/LCA?

Friend  Relative  Preschool  Brochure  Advertisement  Church Other \_\_\_\_\_

Why do you want your child to attend summer classes at SHAPE/LCA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## MEDICAL DATA

Physician \_\_\_\_\_  
Name Address Phone

Emergency Contact : \_\_\_\_\_  
Name Home phone # Cell Phone # relationship to student

Emergency Contact : \_\_\_\_\_  
Name Home phone # Cell Phone # relationship to student

- Does the applicant have any medical disorders SHAPE/LCA should be aware of? (asthma, allergies, etc.) \_\_\_\_\_
- Does the student currently take any medications? (list) \_\_\_\_\_
- Has student been hospitalized? Institutionalized? Diagnosed with Medical Physical or Physiological Condition? If yes, Details written here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EDUCATION DATA

Present School \_\_\_\_\_ Grade Level 19-20: \_\_\_\_\_

School Address \_\_\_\_\_ How Long? \_\_\_\_\_

**List all previous schools the applicant has attended and dates of attendance:**

School \_\_\_\_\_ Grade \_\_\_\_\_ Dates attended \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Dates attended \_\_\_\_\_

- Has the applicant ever repeated a grade? \_\_\_\_\_ Grade \_\_\_\_\_ Reason for repeating: \_\_\_\_\_
- \* Has the applicant ever been suspended or expelled from school for any reason? \_\_\_\_\_ (If yes, please attach details)
- \* Have you ever withdrawn the applicant from any school for any reason? \_\_\_\_\_ (If yes, please attach details)
- Has the applicant ever attended an alternative school? \_\_\_\_\_ (If yes, please attach details)
- Has the applicant ever been diagnosed with learning, social, physical, or emotional disorders which may affect activities or progress (i.e.- attention or focusing issues, dyslexia, physical limitations, learning differences, etc.) ?  
Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever had diagnostic psychological or educational testing? \_\_\_\_\_ (If yes, please furnish SHAPE/LCA with test results and explain)  
\_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever attended a school or participated in a program designed for students who have special academic needs or abilities (including speech, learning differences, resource, gifted, handicapped, or other)?  
\_\_\_\_\_
- If yes, please list location and dates of participation in these programs: \_\_\_\_\_  
\_\_\_\_\_

## **Parents' Statement of Agreement**

**We**, as the parent(s) of \_\_\_\_\_, do pledge our support of SHAPE/LCA in the education of our child. We recognize that the education of our child is a God-given responsibility. We pledge to assist the school as they aid us in our responsibility.

**We** support the school's Mission Statement and Philosophy of Christian Education.

**We** pledge to meet all financial responsibilities associated with our child's summer classes enrollment. We will pay in full at registration or provide two pre-written, postdated monthly tuition checks for the whole academic semester upon enrollment.

**We** give SHAPE/LCA full discretion as our partner in the academic training and discipline of our child, within guidelines of the Parent/Student Handbook.

**We** pledge our loyalty to the mission and founding principles of SHAPE/LCA. We promise to bring any questions and criticisms to the appropriate administrator and teacher privately. Should the matter need to go further, we agree to meet with the teacher and administration to discuss the issue. When necessary, we agree to bring any issue concerning policy to the board in written form. We will not participate in gossip regarding questions, criticisms or issues that may arise.

**We** pledge that if for any reason our child does not make successful progress consistent with their ability, attend classes regularly with on time arrival & departure, or maintain reasonable and acceptable standards of conduct and classroom demeanor (including: dress, hygiene, care of school property, and conduct at or away from the school), we will withdraw him/her without delay. However, we recognize that the school reserves the right to suspend, expel or otherwise discipline any student who fails to adhere to these standards and those set forth in the Parent/Student Handbook.

**We** understand that SHAPE/LCA is a homeschool cooperative ministry. Tuition levels are designed to make Christian education available to as many students as possible. We understand that SHAPE/LCA uses our tuition agreement to plan and budget for all programming for the summer. We agree to honor our financial commitment, no matter what, but understand that SHAPE/LCA may dismiss our child as a SHAPE/LCA student if we are more than 10 days late in our payments.

**We** pledge to consistently pray for the Board, Administration, Teachers and Students of the school on a regular basis.

\_\_\_\_\_  
FATHER OR GUARDIAN SIGNATURE

\_\_\_\_\_  
MOTHER OR GAURDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

### **➤ Academic/Behavior Standards**

All students attending SHAPE /LCA are expected to maintain reasonable and acceptable standards of conduct and classroom demeanor, maintain regular attendance, and make successful progress consistent with their ability. SHAPE/LCA reserves the right to discipline, dismiss, or suspend any student who does not adhere to these standards and those stated in the *Student Handbook*.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

# **SHAPE/LCA Personal Liability and Medical Release Form**

## **2020 Summer Semester**

**Liability Release** – In consideration of allowing my child \_\_\_\_\_ (the “Child”) to participate in activities at the SHAPE/LCA, the undersigned, for themselves, and/or being the legal and acting guardian of Child, acting for themselves on behalf of the Child, release and hold harmless SHAPE/LCA, a Texas non-profit corporation, its representatives, agents and employees (collectively, “SHAPE/LCA”), and Southside Baptist facility, its representatives, agents and employees (collectively, Southside Baptist), any and all liability, claims, demands, and causes of action whatsoever occurring to the Child and/or the undersigned at any time while attending a SHAPE/LCA activity, including travel to and from any activity, excepting only such injury or damage resulting from willful acts of representatives, agents and employees.

**Assumption of Risk** – Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the Child voluntarily to assume any and all risks of loss, damage, or injury that may be sustained by the Child and/or the undersigned or any property owner by them while on or upon the premises of Southside Baptist or participating in a SHAPE/LCA activity. SHAPE/LCA and Southside Baptist may, but are not obligated, to carry insurance on the Child, the premises or the activities, and the existence of insurance will not change alter, or increase the liability of either SHAPE/LCA or Southside Baptist to the Child and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges: (a) that he/she has read thoroughly and understands completely, the terms of this Release and signs it voluntarily; and (b) that the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian.

**Medical Release** – The undersigned voluntarily gives permission for SHAPE/LCA and Southside Baptist to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the Child as deemed necessary under the circumstances. Parents or guardians of the Child will allow emergency medical treatment to be administered as needed. Any further treatment will require parental consultation and consent. I agree to indemnify and hold harmless the SHAPE/LCA and Southside Baptist for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the Child and/or the undersigned arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by the rendering of emergency medical treatment.

**Transportation Release** -- I give permission for my child to be transported either by SHAPE/LCA transportation or by other commercial or public transportation for field trips of other activities.

**Marketing Release** -- I understand that my child’s likeness may be used in SHAPE/LCA ads, promotional videos, website material, or various other marketing. These images will be used for SHAPE/LCA purposes only, and will not be given or sold to outside companies or individuals.

We agree to pay SHAPE/LCA and/or Southside Baptist for any damages or loss caused by our children to the property or premises of Southside Baptist or to SHAPE/LCA property. We recognize that SHAPE/LCA and Southside Baptist are not responsible for damages to or theft of personal property left on the premises of Southside Baptist.

We agree that it is the undersigned’s responsibility to promptly notify the SHAPE/LCA regarding any legal custody or parenting time arrangements, it being impossible for SHAPE/LCA to monitor or enforce such arrangements.

I, in my own behalf and on behalf of Child, hereby warrant that I have read this Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Child, am aware that this Release releases SHAPE/LCA and Southside Baptist from liability and contains an acknowledgement of my voluntary and knowing

assumption of the risk of injury or illness. I, in my own behalf and on behalf of Child, have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTICE OF NONDISCRIMINATORY POLICY**

*SHAPE/LCA does not discriminate on the basis of race, color, or national and ethnic origin in admissions policies and other organization-administered programs*

**Enrollment Contract:**

\_\_\_\_ We are enrolling the child listed on page 1 of this contract in Shape/LCA for the **2020 Summer Semester**. We understand our commitment is for the entire co-op summer semester (June, July August; 8 weeks).

\_\_\_\_ We understand that our obligation to pay the fees & tuition for the full academic summer semester is unconditional and that no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student/s. We will pay in full at registration or provide pre-written, postdated monthly tuition checks for the whole summer upon enrollment. We will supply SHAPE/LCA with pre-written tuition checks for deposit on the 16th of each June & 7<sup>th</sup> of July. Tuition will be completely paid in full by the July 7th deposit. No alternative form of payment (example;.credit cards or PayPal) will be accepted.

\_\_\_\_ We understand that in signing this Enrollment Contract for the summer, we are agreeing to accept the rules and regulations of SHAPE/LCA as stated in the application and the policy concerning payment of fees as referred to above.

\_\_\_\_ We understand that Shape/LCA’S policies may be subject to changes throughout the year and that it is our responsibility to be aware of the posted policy revisions supplied through Teacher Communication. We understand Teacher Communication is the primary means of communication from SHAPE/LCA and we agree that we are responsible for the information relayed.

\_\_\_\_ We have read, understand, and have signed the **SHAPE/LCA Waiver and Release of Liability Form**.

\_\_\_\_ We understand that Shape/LCA’s Board of Directors reserves the right to terminate our child’s enrollment.

\_\_\_\_ If enrollment is canceled, parents or guardians financially responsible for the student are obligated to pay the full summer tuition commitment.

\_\_\_\_ Our signatures below affirm that we have read, understand and accept the terms and conditions of this contract. ***In order to reserve a place for your child, please sign and return a copy of this Enrollment Contract and your Tuition Deposit with your postdated, prewritten checks to the Administrators of SHAPE/LCA.***

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*PLEASE MAIL THIS PACKET TO:*

*SHAPE Academy DBA Legacy Christian Academy of Granbury*

*c/o Tracy Mann*

*6020 Melrose Circle*

*Granbury, TX 76049*

***Please note: We do not use Southside Baptist mailing address for our mail.***