Elementary APPLICATION (Gr. TK-5) ENROLLMENT FORM

House of Bread Christian Academy

Date _____/_____/_____

For School Year_____ -- _____

☐Reenrollment ☐New Enrollment

Student Name (Last, First, Middle)		Goes By the name:	Grade to Enter
Mailing Address		E-Mail	
Home Phone	Sex (F/M)	Date of Birth	U.S. Citizen (Yes/No)
Father's Name		Mother's Name	
Father's Employer	Father's Occupation	Mother's Employer	Mother's Occupation
Father's Date of Birth	Father's Cell Phone	Mother's Date of Birth	Mother's Cell Phone
Child's Primary Residence: ☐ Both Parents ☐ Mother ☐ Father ☐ Other (specify):			
Health Problems / Allergies (if any)			
Does your child regularly take medication. If yes, please specify:		My child may be given Tylenol if needed. ☐ Yes ☐ No	
School Attended Last Year	City	State	Phone #
How did you hear about our Academy? ☐ Attended HBCA ☐ HBCA Website ☐ Ads ☐ Referral ☐ Other(specify)			
Has student previously attended House of Bread Christian Academy? ☐ Yes ☐ No If yes, please specify grades attended.			
Please give names of members of student's immediate family who have attended HBCA and their relationship to student:			
Church You Now Attend	City/State	Are you a member of that church? ☐ Yes ☐ No	

VERIFY THAT ALL FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW AND THEN SIGN.

In filling this application for my child, I desire to have him/her complete the school year ____ - ____.

It is also my understanding that the policy of the school is to make no refunds or transfers on the registration fees. I also give permission for my child to take part in all activities of House of Bread Academy. I further agree to identify and hold House of Bread Academy harmless for any and all liability that may result from my child's attending or participating in all activities of HBCA.

Parent's Signature_____Date_____

House of Bread Christian Academy

Continuous Enrollment Contract

This Continuous Enrollment Agreement ("Agreement") is entered into between House of Bread Christian Academy ("the School") and the undersigned Parent/Guardian ("Parent") of the student(s) listed below.

1. Continuous Enrollment Policy

House of Bread Christian Academy operates under a Continuous Enrollment model in order to better serve families and responsibly steward school resources. Under this model, a student's enrollment automatically renews each academic year without the need for annual re-enrollment paperwork.

Enrollment will continue from year to year unless one of the following occurs:

- The Parent submits a written Notice of Withdrawal to the School Office no later than March 1 prior to the upcoming academic year, or
- The School determines that continued enrollment is no longer in the best interest of the student or the school community, in accordance with established school policies.

2. Tuition and Financial Responsibility

Tuition and applicable fees are assessed annually and remain the full responsibility of the Parent/Guardian for each academic year in which the student remains enrolled. Failure to submit a written Notice of Withdrawal by the stated deadline does not relieve the Parent of financial responsibility for the upcoming school year.

3. Acknowledgment and Agreement

By initialing and signing this Agreement, the Parent/Guardian acknowledges and agrees to the following:

- They understand and accept enrollment under the Continuous Enrollment model.
- They understand that enrollment will automatically renew each academic year unless proper written notice of withdrawal is submitted by March 1.
- They accept full financial responsibility for tuition and fees for each year the student remains enrolled.
- They affirm their commitment to partner with House of Bread Christian Academy in providing a Christ-centered education for their child(ren).

BINDING AGREEMENT

This Agreement shall remain in effect for the duration of the student's enrollment at House of Bread Christian Academy unless properly terminated in accordance with the terms stated above.

Student(s) Name(s):_____

Parent/Guardian Name (Printed):_____

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

House of Bread Christian Academy

Media Release Form

This Media Release Form grants permission for House of Bread Christian Academy ("the School") to photograph, video record, or otherwise capture the likeness, voice, and/or work of the student named below for educational and promotional purposes.

Permission & Release

I, the undersigned parent/legal guardian, grant House of Bread Christian Academy and its representatives permission to use photographs, video recordings, audio recordings, and/or written work of my child for lawful purposes, including but not limited to:

- School website and social media platforms
- Printed publications (newsletters, brochures, flyers, yearbooks)
- Promotional and marketing materials
- Educational presentations and internal communications

I understand that these images or recordings may be used without compensation and may be edited, duplicated, or distributed as needed. I release and hold harmless House of Bread Christian Academy from any claims, demands, or liability related to the use of such media.

This authorization remains in effect unless revoked in writing.

Optional Restrictions (if any)

Please specify any limitations or restrictions regarding the use of your child's image or likeness:

_____

_____

Consent

☐ **Yes, I give permission** for my child's image/likeness to be used as described above.

☐ **No, I do not give permission** for my child's image/likeness to be used.

Signature

Parent/Guardian Name: _____

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

House of Bread Christian Academy values the privacy and dignity of every student and uses media responsibly to celebrate learning, faith, and community.

Emergency Contact and Medical Information for a Child

Child's Name _____ Date of Birth _____ Sex M F

Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____

Address _____

City, State, ZIP Code _____

Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____

Address _____

City, State, ZIP Code _____

Alternative Emergency Contacts

Primary Emergency Contact _____

Home Phone _____ Work Phone _____

Address _____

City, State, ZIP Code _____

Secondary Emergency Contact _____

Home Phone _____ Work Phone _____

Address _____

City, State, ZIP Code _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

THE HOUSE OF BREAD ACADEMY
RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

NAME OF STUDENT: _____
NAME OF PARENTS:_____
PHONE #: _____
ADDRESS: _____
EMAIL ADDRESS: _____

I have enrolled my child in House of Bread Christian Academy (the "Academy") and I understand that attendance at the Academy is a privilege and not a right. I agree to cooperate with and support the Academy and its staff in the education and discipline of my child. I hereby give permission for my child's teachers and Academy staff to make and enforce classroom regulations and codes of conduct that are consistent with Christian principles set by the Academy. I understand that my child may lose the privilege of attending the Academy if my child fails to conform to the standards and teachings of the Academy.

I understand that the Academy has the right to suspend or terminate my child's enrollment with the Academy if, in the sole discretion of the Academy, my child does not conform to the Academy's regulations and codes of conduct as described above. I give permission for my child to participate in Academy sponsored or organized activities including, but not limited to, transportation to and from the Academy, sports, recreational activities, bus trips, activities on the campus of the Academy, and field trips.

I understand that there are risks attached to any of the above referenced activities and the use of recreational facilities at the Academy and I agree, on my behalf and on behalf of my child to the following:

1. Assumption of Risks: I fully understand the risk posed participating in the above referenced activities and use of Academy recreational facilities. Despite these unique and inherent risks, I freely accept and fully assume, on my behalf and on behalf of my child, any and all risks, dangers, and hazards associated with the above referenced activities and use of the Academy's recreational facilities including, but not limited to, personal injury, illness, death and/or property loss.

_____
Initials

2. Promise not to Sue: Neither I, nor my child will sue or otherwise make any claims against the Academy or any of its teachers, staff, officers, employees or agents for any personal injury, illness, death, property damage or any other loss I or my child may suffer as a result of the participation in the above referenced activities or use of the Academy's recreational or any other facilities, whether caused by ordinary negligence or the conduct of any teacher, staff, officer, employee or agents of the Academy.

_____
Initials

3. Release of Liability: I fully waive, release, and discharge, on my behalf and on behalf of my child, the Academy, its teachers, officers, employees and agents from any and all liability or claims for personal injury, illness, death, property damage or other loss which I or my child may sustain as a result of participation in the above referenced activities and/or use of the Academy's recreational or other facilities, whether caused by ordinary negligence or the conduct of the Academy's teachers, officers, employees and agents. I intend, on my behalf and on behalf of my child, for this release to be interpreted as broadly as possible under applicable law.

_____
Initials

4. Promise to Defend and Indemnify: I agree to defend, indemnify and hold the Academy and its teachers, officers, employees and agents harmless from and against any and all damages, claims, liabilities, demands, causes of action, judgments, settlements, losses, costs or expenses (including attorneys' fees or medical expenses) arising out of the participation in the above referenced activities and use of the Academy's recreational or other facilities.

_____
Initials

I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL. BY SIGNING THS AGREEMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ ITS PROVISIONS AND FULLY UNDERSTAND ITS CONTENTS. I HAVE ALSO HAD THE OPPORTUNITY TO ASK QUESTIONS CONCERNING THE ABOVE REFERENCED ACTIVITIES AND THE USE OF THE ACADEMY'S RECREATIONAL AND OTHER FACILITIES. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND THAT I WILL FOREVER BE PREVENTED FROM SUING OR OTHERWISE MAKING ANY CLAIM AGAINST THE ACADEMY OR ITS TEACHERS, OFFICER, EMPLOYEES OR AGENTS WITH RESPECT TO ANY CLAIM HEREBY RELEASED.

_____ _____

Signature Date

HBCA Student Pick-Up Authorization Form

Student Full Name_____

I /We, _____, give permission for the following person(s) to pick up my child(ren) in the event when I/We are unable to pick up my child(ren) from school.

(Must be an adult over 18 years of age)

Name	Relation To The Child	Age	Phone Number

Parent Signature: _____ Date:_____

School Lunch Choice

HBCA provides hot lunches every school day. A monthly menu is prepared by our school kitchen staff and shared with families so they may review the meals offered each day. Parents may choose from three lunch payment options: annual, monthly, or daily. We ask that all students select one lunch option. If you wish to change your child's selected lunch option, please complete a Lunch Change Form available in the school office. Please note that lunch option changes are permitted once per school year.

☐ Annual Lunch Payment ($1,100.00/year)
☐ Monthly Lunch Payments ($110/month for 10 months)
☐ Daily Lunch Payments ($8/day)
☐ No School Lunch (If a child forgets lunch, they may eat school lunch and an $8 charge will be added to student account.)

_____
Initial

I read and understand the lunch payment options at HBCA and that any change to the selected option requires completion of a Lunch Change Form through the school office. I further understand that lunch option changes are permitted once per school year.

Volunteer Hours

In order to keep our prices low, we require each family to volunteer **one hour** each month, **per family**. That is a total of 10 hours for the school year. If no volunteering is done, a charge of **$15 per hour** will be due at the end of every quarter. We thank you for your participation.

_____
Initial

I read and understand the volunteer requirements at HBCA and will either volunteer for the required amount of hours or will pay the required amount for the missing volunteer hours.

School Tardies

HBCA attendance policy states that students who arrive after 8:35 am are considered tardy and will be marked tardy. We provide a grace period for 10 tardies in each quarter. If a student is tardy more than 10 times in one quarter, the student's account will be charged **$5 for every additional tardy** in that quarter.

_____
Initial

I read and understand the tardy policy at HBCA and will pay any tardy charges that may accrue after each quarter if my child will be late to school more than 10 times in a single quarter.

After School Late Pick-up Fee

HBCA provides after school care for the students who are not picked up on time. Our late pick-up fee is **$15/hr - per child**, beginning at 3:15pm on Mondays-Thursdays or 12:45pm on Fridays. If you are picking up your child after 3:15pm (M-Th) or 12:45pm (Fridays), they will be waiting in the school office. If you will need for your child to stay in after school care after 4pm, we require that you give our office a 24 hour advance notice, emailed to office@hofbacademy.org. If you will need to pick up your child after 3:15pm consistently, please ask us about Falcon Care, our afterschool program. Falcon Care is not offered on Fridays.

_____
Initial

I read and understand the late pick-up policy at HBCA and will pay any charges that may accrue after each quarter if my child will not be picked up by 3:15pm (M-Th) or 12:45pm (Friday).

Parent/Guardian Name:_____

Signature:_____ Date:_____

HBCA Student Uniform

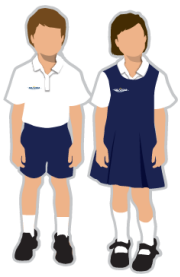
School uniform is to be worn Monday – Thursday*
Friday is free dress day!

Pants/Shorts:

- Colors: Navy (dark blue)/ black / khaki
- No jeans, no ripped pants, no sweats
- No leggings, except under a dress or a skirt

Tops (long or short sleeve):

- Polo - white or navy (with collar)
- Blouse - white (with collar)
- Only HBCA logos accepted



Sweaters/Hoodies:

- Navy (dark blue) / black / white
- Only HBCA logos accepted

Skirts/Dress:

- Navy (dark blue) / Black / khaki
- Arm's length, skirt or dress must reach the tip of student's fingertips or longer.
- Leggings may be worn under skirt/dress
- For modesty, shorts may be worn under skirt/dress (but should not be visible).

Footwear:

- Tennis shoes are the safest for students.
- No house slippers or flip-flops/ sandals.
- No shoes with wheels.
- Shoes may not exceed heel height of 1".

* Monday- Ethos Day (Students may wear our school merchandise or school uniform.)

School Uniform may be ordered through school website.

If a student is out of uniform:

- **First Offense:** Recess detention
- **Second Offense:** Recess detention & change of clothes will be provided by the office. Parents will be charged for the given uniform.

ACKNOWLEDGEMENT:

I, _____, have read HBCA's school uniform policy. I will provide my child with the appropriate clothing necessary for him/her to attend HBCA. If my child is out of uniform, I understand that my child will receive detention, a change of clothes and a fee may be charged to my child's account.

Parent Name:_____

Signature:_____ Date:_____