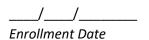


STUDENT ENROLLMENT FORM

Child's Name:	
DOB:/ Enrollmer	nt Date:/ School Year of Attendance:/
Mother's Name:	
Home Address (if different):	
Mother's Information	Name:
Home Phone:	Place of Work:
Work Address:	
Work Phone:	Cellular:
Email Address:	
Father's Information	Name:
Home Phone:	Place of Work:
Work Address:	
Work Phone:	Cellular:
Email Address:	
List two emergency contacts below	
Name:	Relationship to child:
Address:	
Phone:	
Name:	Relationship to child:
Address:	
Dhana	





CONTRACT, RATE & TERMS AGREEMENT

We (I),		&		, have received and read	
the Era	ath Christian Academy (Provider)	Handbook of Policies a	and Procedures, and we (I) agree	e to comply with all of the	
	ons in this contract. Erath Christ				
•			under the following con	· · · · · ·	
1.	Parent / guardian compliance w				
	Parent / guardian compliance with all policies and regulations stated in the Parent's handbook. All fees will be paid on time. The agreed upon payment method will be written in below. A fee of \$35 will be				
			ent of a returned check, all futu		
	in cash or on a credit card.	by the bank. In the ev	chi or a retarried cheek, an rata	re payments must be made	
2	Refunds are not given for days	the child is absent (sigl	(vacation days ata) or the caba	salis alasad (balidays). Ciak	
Э.	·		• • • • • • • • • • • • • • • • • • • •		
4	-		o make substitute arrangements		
4.	This contract serves for the ent	-		uring the year, you are	
_	responsible for completing you	• •	•		
5.	Parents arriving past the afterc	-		/minute. Parents must	
	notify the provider if they are d	· ·	cheduled arrival time.		
	A deposit of \$200 is due at the				
7.	This contract and rate is valid for		iool year. Policies may be chang	ged at any time and at the	
	sole discretion of Erath Christia				
8.	Prior to the commencement of	care, the following cor	ntract and forms must be on file	, and remain up-to-date at	
	all times, at the sole responsibi	lity of the parent/guard	dian:		
	a. ENROLLMENT FORM				
	b. CONTRACT, RATE AND	TERMS AGREEMENT			
	c. EMERGENCY MEDICAL	AUTHORIZATION FORM	√l		
	d. FIELD TRIP (GENERAL) (CONSENT FORM			
	e. FOOD ALLERGY FORM				
	f. PICKUP AUTHORIZATIO	N FORM			
	g. MEDIA USE FORM				
Occurr	ences, which are contrary to this	contract, will invalidat	te the contract and be cause for	dismissal of the child from	
our pro	•	•			
•	nt Schedule and Fees Agreed Up	oon ('24-'25 school vea	ar):		
•	Annual tuition at ECA is \$4,000			wn into auarterly	
	payments or 10-monthly paym			,, ,, ,	
☐ 10-N	Monthly Payments (@ \$400.00)		-	Payment (@ \$4 000 00)	
	, , , , , , ,		ints (@\$1,000.00) 🗀 1-Aimaan	1 ayınıent (@ \$4,000.00)	
	ing Discount Applies (list sibling r				
⊔ Keg	istration Fee: \$200.00	☐ BOOK Fee: \$400.00	J		
policies listed is	natures on this Contract, the PAR s of the Parent Handbook, and to s cause for termination without it ave received, read, understand, a	o all terms and condition of I	ons contained therein and realize PARENT(S)/GUARDIAN(S) to this	es any violation of the ters contract indicates that	
Parent	:	Signature:		Date://	
Parent	:	Signature:		Date://	
Provide	er:	Signature:		Date: / /	
-					
Office	Use:				



MEDIA USE PERMISSION FORM

Child's Name:	Age:
Here at Erath Christian Academy, we advertise our school activ	vities through photos with our student. I understand the
policy of Erath Christian Academy and I do / do not give my per	mission for my child to be used in the following:
Photos for advertising purposes on th	ne school's social platforms
Parent Signature:	Date:/



FIELD TRIP PERMISSION SLIP

I give my permission for my child(ren)	_to leave	Erath	Christia
Academy with supervision for trips in a car, walks to the park, field trips, etc. I understand that	a certifie	d car se	eat will be
used on all car trips and prior to any car trip, parents will be notified in writing (unless emerger	ncy deems	neces	sary).
Restrictions on trips:			_
			_
			_
Parent Signature:	, ,		



EMERGENCY MEDICAL AUTHORIZATION FORM

I hereby give my permission for my child(r	ren)	may be given emergency
treatment (First Aid & CPR) by a qualified s	taff member at Erath Christian Acad	demy.
I also give my permission for my child(ren)	to be transported by ambulance, a	aid car, or staff car to an emergency center
for treatment.		
In the event that I cannot be contacted,	I further consent to the medical,	surgical, and hospital care treatment and
procedures to be performed for my child	by a licensed physician or hospita	I when deemed immediately necessary or
advisable by the physician to safeguard my	child's health.	
In case of emergency, and if emergency tra	ansportation is needed, I	agree to pay all costs,
including transportation.		
Child's Dentist / Phone #:		
Child's Physician:		_
Physician's Address & Phone #:		
Medical Insurance:		
Father's Name:		
Mother's Name:	Signature:	Date:/

ALLERGY AND FOOD PREFERENCE INFORMATION

		C	Child's Nam	е			
					(Check if allergic)		
Substances							
	MAY be exposed	May NOT be exposed	IS allergic	Is NOT allergic	Not Sure	Parent(s)	Other Family Member
Foods:							
Peanuts							
Other nuts & seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy foods							
Fish							
Shell fish							
Environmental:							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical:							
Penicillin							
Latex							
Other (please list):							