

Heritage Christian Academy Kids Connect

School Year _____

For office use:
____ New Registrant
____ Returning
____ HCA Staff

Please specify day(s) needed: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Start Date _____ End Date _____

Please type or print clearly:

Name of Child _____ Male _____ Female _____

Address _____

City/State/Zip _____ Phone # _____

Birthdate _____ Age _____ Grade Entering _____

Father's Name _____ Mother's Name _____

Father's Work # _____ Mother's Work # _____

Father's Cell # _____ Mother's Cell # _____

Father's Pager # _____ Mother's Pager # _____

Other siblings attending Kids Connect:

Name _____ Male _____ Female _____ B.D. _____ Age _____ Grade entering _____

Please specify day(s) needed: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Name _____ Male _____ Female _____ B.D. _____ Age _____ Grade entering _____

Please specify day(s) needed: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

List two persons with phone numbers who can assume responsibility of your child if you cannot be reached:

1) _____ # _____ 2) _____ # _____

List the name(s) of persons who are authorized/not authorized to take your child:

Authorized

Unauthorized

Child's Physician: _____ Phone # _____

Please list any known allergies: _____

Please list any limitations or disabilities your child may have to assist in our planning: _____

Emergency Medical Information

I hereby authorize Heritage Christian Academy to act in emergency situations that would involve my child. The immediate source of emergency assistance will be 911.

Parent/Guardian

Signature _____ Date _____