



734 Apple Street
Burlington, NC 27217
(336)226-8526 x7016

Excel Christian Academy Application

STUDENT INFORMATION

First _____ Middle _____ Last _____
Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____
Age _____
Street Address _____
Town/City _____ State _____ Zip code _____
Home Phone _____

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1

Ms. Mrs. Mr. First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

Ms. Mrs. Mr. First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Child resides with: _____

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

Emergency Contacts will be used in the event that you are unable to be reached. By listing an emergency contact, you give Excel Christian Academy permission to contact and share information about your student, as well as release your student to said emergency contact, including in the case of a medical emergency.

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Pick Up List

Please list those people including and in addition to parents/guardians who are permitted to pick up your child:

List the first and last name of any person who has permission to pick your student up from Excel Christian Academy (excluding parents/guardians/emergency contacts). Those not listed, will not be allowed to pick the student up.

1: _____ 2: _____
3: _____

MEDICAL INFORMATION

Insurance Information

Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical issues, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures, ADD/ADHD, Depression/Anxiety).

<u>Medical Issues</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__
If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__
If yes, explain: _____

Does your child require a special diet?

Yes__ No__
If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____
Contact #3	_____	_____	_____

I understand that I will be notified in the event of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature _____

I understand that Excel Christian Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature _____

Please circle how you heard about the Excel Christian Academy.

Daycare _____ Preschool _____ Word of Mouth _____ Flyer/Other _____

TERMS OF AGREEMENT

Photo Release

I hereby give permission for my child to be photographed during their activities at **Excel Christian Academy**. I understand the photos will be used to keep a journal of activities, and/or for promotional purposes including flyers, brochures, newspaper articles and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Excel Christian Academy..

Parent's/Guardian's Signature _____

Transportation Release

I hereby give permission for the transportation of my child for official **Excel Christian Academy** activities by modes of transportation agreed to by the program organizers.

Parent's/Guardian's Signature _____

Additional Releases

Excel Christian Academy is not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by a Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's/Guardian's Signature _____

FERPA Release

A FERPA (Family Educational Rights and Privacy Act) release is used to gather consent from parents to release their child's education records if they are younger than 18 years old.

By typing your name below, you grant Excel Christian Academy access to your child's education records, including but not limited to attendance reports, discipline reports, and progress reports/report cards, for the 2021-2022, 2022-2023, and/or 2023-2024 school years.

Parent's/Guardian's Signature _____

COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Excel Christian Academy has put in place preventative measures to reduce the spread of COVID-19; however, Excel Christian Academy cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Excel Christian Academy could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child(ren) and I may be exposed to or infected by COVID-19 by attending Excel Christian Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Excel Christian Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Excel Christian Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at Excel Christian Academy or participation in Excel Christian Academy classes. On my behalf of myself and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Excel Christian Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Excel Christian Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Excel Christian Academy program, class or event.

Parent's/Guardian's Signature _____

I hereby affirm that I am the legal parent or guardian of _____, and I have full authority to register them for enrollment at Excel Christian Academy. By signing this agreement, I acknowledge that all information provided in the enrollment process is accurate and complete to the best of my knowledge.

Furthermore, I understand and agree to comply with all policies, rules, and regulations set forth by Excel Christian Academy, including those related to academic standards, conduct, and tuition payments.

I understand that enrollment at Excel Christian Academy is contingent upon the school's acceptance and that any false information provided may result in the revocation of enrollment.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____