



New Horizon Christian Academy

A Ministry of New Horizon Fellowship Church of God
1518 Washington Avenue
Evansville, IN 47714

Dear Parent or Guardian:

We are pleased that you are considering enrolling your child at New Horizon Christian Academy (NHCA). We are excited about the educational opportunities we will be able to offer the students.

To officially enroll your child in NHCA for the 2019 – 2020 school year, please complete the following steps:

1. Submit a completed Pre-Registration form and \$80 registration fee for **each** child.
2. Submit a completed enrollment packet for **each** child attending NHCA.
3. Include the following items with the enrollment packet:
 - **A copy of the student's birth certificate**
 - **A copy of the student's most recent report card**
 - **A copy of the student's immunization records**
 - **An immunization waiver form if you have an objection to immunizations**

Special note: Enrollment will be considered incomplete unless ALL indicated items are completed and returned. We will be enrolling a limited number of students; therefore, it is imperative that you complete the enrollment process in a timely manner in order to secure placement for your child.

The above completed forms may be mailed or returned to the address listed at the top of this letter. If you have any questions, please feel free to call the school at (812) 492-3204.

Sincerely,

Merlene Mann
Administrator

Please **COMPLETE** and **RETURN**
ALL WHITE FORMS to the NHCA
school office.



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General Information

1. School begins each day at 8:00 am for ALL students. School dismisses at 3:00 pm.
2. ALL students must wear uniforms (See Parent/Student Handbook).
3. Students must bring their own lunches and snacks. Microwaves are available for students' use. (NO soft drinks, please)
4. Book fees must be paid in full before books can be ordered for your student.
5. Tuition payments are due on the 1st of each month (September – May) unless other arrangements have been made and approved by administration.
6. Students are not permitted to leave campus during school hours unless signed out by a parent or guardian.
7. Student Supply Lists are available in the school office and on our website (NewHorizonChristianAcademy.org).
8. NHCA will follow the EVSC guidelines for early dismissal, delayed start, and closings related to inclement weather.

If you have further questions or concerns, please feel free to call (812) 492-3204 and set up an appointment with the Administration to address these.



New Horizon Christian Academy 2018 - 2019 Tuition & Fees – Per Student

| | |
|---|------------------------|
| Pre-Registration Fees (Due with application) | \$ 80 |
| Tuition (Can be paid in 10 monthly payments) | \$ 1,950 |
| Book Fees (Payable by July 15 th) | \$ <u>250</u> |
| Total | \$ <u>2,280</u> |

Payment Schedule

| | |
|--|------------------------|
| Pre-Registration Fee – Due with application | \$ 80 |
| July 15, 2018 (First Month's Payment & Book Fee) | \$ 445 |
| September 1, 2018 | \$ 195 |
| October 1, 2018 | \$ 195 |
| November 1, 2018 | \$ 195 |
| December 1, 2018 | \$ 195 |
| January 1, 2019 | \$ 195 |
| February 1, 2019 | \$ 195 |
| March 1, 2019 | \$ 195 |
| April 1, 2019 | \$ 195 |
| May 1, 2019 | \$ <u>195</u> |
| Total | \$ <u>2,280</u> |



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Student Information

Student's Full Legal Name _____ Preferred Name _____

Name of Adult with Whom Student Lives _____ Relationship to Student _____

Student's Home Address _____ City _____ State _____ Zip _____

Township _____ Student's Home Phone Number _____ Primary Family Email Address _____

Date of Birth _____ Birthplace _____ US Citizen _____ Age _____ Sex _____

Grade Entering _____ For Semester Beginning (Month/Year) _____

Parents of this student are: Married _____ Separated _____ Divorced _____ Single Parent _____

Mother Remarried _____ Father Remarried _____

The primary language spoken in the home: English _____ Spanish _____ Other: _____

Ethnicity:

- 1.) Native American/Native Alaskan _____ 2.) Black _____ 3.) Asian _____
4.) Hispanic _____ 5.) White _____
6.) Multiracial (two or more races) _____ 7.) Native Hawaiian/other Islander _____

New Horizon Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of NHCA. NHCA does not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policies, scholarship and discount programs, and/or any other school-administered programs. **This information is requested for reporting purposes only.**

Family Information

Brother's / Sister's Names

Age

Grade

School Attending

Father/Guardian (please circle)

Mother/Guardian (please circle)

Name

Name

If Guardian, Relationship to Student

If Guardian, Relationship to Student

Home Address (if different than student's)

Home Address (if different than student's)

Employer

Employer

Cell Phone

Work Phone

Cell Phone

Work Phone

Email Address

Email Address

Church Denomination

Church Denomination

Church Congregation Name

Church Congregation Name

Stepmother's Name & Contact # (if applicable)

Stepfather's Name & Contact # (if applicable)

Purpose of Enrollment

Why are you considering NHCA? _____

Please rank from 1 – 5 the following reasons for enrollment – “1” being the most important:

___ Christian Emphasis ___ Quality Academics ___ Safety ___ Location ___ Other: _____

How did you hear about NHCA? (please check all that apply)

___ Home Church ___ Family/Friend ___ Website ___ Sign ___ Other: _____

Previous Academic Information

| School | Address | Dates Attended | Grade Completed |
|--------|---------|----------------|-----------------|
|--------|---------|----------------|-----------------|

| School | Address | Dates Attended | Grade Completed |
|--------|---------|----------------|-----------------|
|--------|---------|----------------|-----------------|

Please answer YES or NO to the following questions – Has the student...

- | | | |
|---|-----|----|
| 1. Been placed in a talented or gifted program? | Yes | No |
| 2. Been retained in a grade? | Yes | No |
| 3. Been recommended for academic or psychological testing? | Yes | No |
| 4. Been placed in a special education program? | Yes | No |
| 5. Experienced discipline problems? | Yes | No |
| 6. Been tested or diagnosed with ADD/ADHD? | Yes | No |
| 7. Experimented with drugs, alcohol, or tobacco? | Yes | No |
| 8. Received honors and/or rewards? | Yes | No |
| 9. Been recommended for tutoring? | Yes | No |
| 10. Struggled with mental or emotional issues? | Yes | No |
| 11. Experienced learning difficulties in Math? | Yes | No |
| 12. Experienced learning difficulties in Reading? | Yes | No |
| 13. Experienced learning difficulties in any other subject? | Yes | No |
| 14. Been in any type of trouble with legal authorities? | Yes | No |

Please provide details on any of the above questions that were answered YES (you may attach a separate sheet if necessary).

Please describe this student's educational strengths: _____

Please describe this student's educational weaknesses: _____

Please describe this student's interests, talents, and abilities: _____

Family Enrollment Agreement

- If accepted, I/we agree that I/we will read and follow the school rules included in the New Horizon Christian Academy (NHCA) Parent/Student Handbook.
- I/We agree that I/we will take an active role in my/our child’s education, including supporting my/our child’s teachers, assuring that my/our child arrives to school on time, encouraging my/our child to complete all homework and classroom assignments in a timely manner, and allowing my/our child to participate in school activities such as field trips and other school functions.
- I/We agree that should I/we have a concern of any kind regarding NHCA and any associated party, that I/we will go through the proper channels to resolve the matter.
- I/We agree to cooperate with school staff regarding the discipline of my/our child.

| | | | |
|---------------------------|------|---------------------------|------|
| Father/Guardian Signature | Date | Mother/Guardian Signature | Date |
|---------------------------|------|---------------------------|------|

Responsible Party for Bill

I have a clear understanding of all fees due for the 2019– 2020 school year. I agree to pay all pre-registration, tuition, and book fees in a timely manner. I understand that the September – May payments are due on the 1st of each scheduled month, and I will be subject to, and billed for a \$25.00 late fee if my payment is not received by the 10th of each scheduled month.

| | | | |
|---|-----------|-------------------------|------|
| Individual Responsible for Bill (please print name) | Signature | Relationship to Student | Date |
|---|-----------|-------------------------|------|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Email Address statements are to be sent to

For office use only: Accepted _____ Acceptance Letter Sent _____

Date of Tour _____ Date of Receipt of Application and Fee _____ Check # _____

Documents Received ____ Complete Transcripts ____ Immunization Record ____ Birth Certificate ____

Payment Agreement Reviewed with Parents: ____ Payment Agreement Signed ____

Books Ordered _____ Books Received _____

Medical Condition(s) / Allergies

Student's Name _____ Grade _____

_____ YES, my child **HAS** a medical condition.

_____ NO, my child does **NOT** have a medical condition.

List medical condition in detail:

_____ YES, my child **HAS** allergies.

_____ NO, my child does **NOT** have allergies.

List allergies in detail:

√ **Please attach any relative information regarding the medical condition and/or allergies.**

Parent's/Guardian's Signature _____ Date _____

Medical Release Form

The permissions/agreements granted on this page will remain in the listed student's file and will be in effect while the listed student is enrolled at NHCA or rescinded in writing by the parent/guardian.

Emergency Contact Information

Physician's Name _____ Phone Number _____

| | | |
|--|-------------------------|--------------|
| 1 st Emergency Contact Name (other than parent/guardian) | Relationship to Student | Phone Number |
|--|-------------------------|--------------|

| | | |
|--|-------------------------|--------------|
| 2 nd Emergency Contact Name (other than parent/guardian) | Relationship to Student | Phone Number |
|--|-------------------------|--------------|

Emergency Permission Agreement

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary for the well-being of my child.

Parent/Guardian Signature _____ Date _____

Permission to Administer Over-the-Counter Medication

There are times when a child may need over-the-counter medication. NHCA staff is able to administer the following medications **ONLY** if we have a **signed permission slip** from the parent. Please check-off the medication that you grant us permission to administer to your child and sign the release.

Tylenol (Acetaminophen) Advil (Ibuprofen) Benadryl (Diphenhydramine)

Tums Cough Drops

If it becomes necessary for my child to take an over-the-counter medication during the school day, I give my permission for an authorized staff member to administer any of the above-marked medications to my child. I understand that this permission release will remain in effect while my child is enrolled at NHCA or is rescinded in writing by me, the parent/guardian.

Parent/Guardian Signature _____ Date _____

Permission to Administer Prescription Medication

This form must be completed and returned for any routine medication to be administered at NHCA or NHCA events. Original-labeled prescription containers must be submitted to the NHCA office.

All bottles must be properly labeled by the pharmacy with the following information:

1. Name
2. Medication Name
3. Dosage
4. Doctor's Name

If at any time there is a change in the medication or dosage, the NHCA office must receive written instructions signed by the parent/guardian and dated as to when the change occurs. This is crucial for appropriate medical care.

Child's Name _____ Grade _____

Teacher _____ Prescribing Doctor _____

Diagnosis _____

Medication _____

Dose _____ Time _____

Special Instructions _____

I give my permission for my child's teacher or NHCA designee to administer the above medication to my child.

Parent's/Guardian's Signature _____ Date _____

I, _____, (Parent's/Guardian's Name) do not hold New Horizon Christian Academy responsible for unintentionally forgetting to administer medication to my child, _____ (Child's Name).

I understand that NHCA staff members can forget, and I take this risk by asking my child's teacher and/or a NHCA designee to administer the medication to my child.

If I want to ensure that my child receives the medication, I have the right to come into NHCA and administer this medication to my child personally, or telephone a reminder to the NHCA office.

Parent's/Guardian's Signature _____ Date _____

2018 – 2019 School Year
 IN State Department of Health
 School Immunization Requirements
Updated November 2014

| | | |
|--------------------------------|--|---|
| <i>3 to 5 years old</i> | 3 Hep B (Hepatitis B) 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio (Inactivated Polio) 1 MMR (Measles, Mumps, Rubella) 1 Varicella | |
| <i>K & Grade 1</i> | 3 Hep B 5 DTaP 4 Polio 2 MMR | 2 Varicella 2 Hep A (Hepatitis A) |
| <i>Grades 2 to 5</i> | 3 Hep B 5 DTaP 4 Polio 2 MMR | 2 Varicella |
| <i>Grades 6 to 11</i> | 3 Hep B 5 DTaP 4 Polio 2 MMR | 2 Varicella 1 Tdap (Tetanus & Pertussis) 1 MCV4 (Meningococcal conjugate) |
| <i>Grade 12</i> | 3 Hep B 5 DTaP 4 Polio 2 MMR | 2 Varicella 1 Tdap 2 MCV4 |

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child’s 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 4th grade the final dose must be administered on or after the 4th birthday, and be administered **at least 6 months** after the previous dose.

Live Vaccines (MMR, Varicella & LAIV) Live vaccines that are not administered on the same day must be administered a minimum of 28 days apart. The second dose should be repeated if the doses are separated by less than 28 days.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

Tdap There is no minimum interval from the last Td dose.

MCV4 Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose of Hepatitis A is 6 calendar months.

For children who have delayed immunizations, please refer to the 2015 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2015 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at <http://www.cdc.gov/vaccines/schedules/>



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Immunization Waiver

Dear Parent/Guardian:

If your child has a medical/religious exemption from vaccination and is not fully immunized, although your child remains at risk at getting a vaccine-preventable disease, IC 20-34-4 permits your child to attend school.

In the event of an outbreak of a vaccine-preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3 – 4 weeks.

If your child is excluded from school, your child will also be excluded from school-sponsored activities, such as field trips and graduations that occur within the exclusion period. The school will notify you when your child may return to school.

Incompletely-vaccinated children may be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine-preventable disease at the discretion of the local health officer.

Acknowledgement of Consequences of Incomplete Vaccination

I understand that my child may be excluded from school in the event of an outbreak of a vaccine-preventable disease.

I understand that school exclusion includes after-school activities, such as field trips and graduations.

I understand that my child may be required to stay home for multiple weeks during an outbreak of a vaccine-preventable disease for which he/she is not vaccinated.

Child's Name _____

Parent's/Guardian's Name _____

Signature _____ Date _____

Pick-Up Information

For the safety of your child, notify the school when someone out-of-the-ordinary will be picking up your child. If there is anyone who is absolutely **NOT** allowed to pick up your child, please list their name(s) below. This will be in effect until it is rescinded in writing by you, the parent/guardian.

If parents of the student are divorced or separated and one parent is not allowed to see or pick-up the child, we **MUST** have a certified copy of the Court Order of Final Judgment on file at the school office.

The following individual(s) are **NOT** allowed to pick-up my child(ren):

Parent/Guardian Signature _____ Date _____

Field Trip Release

I give my approval for my child to participate in any field trip that NHCA deems safe and appropriate. I do hereby agree to hold harmless the organizers, supervisors, chaperones, and anyone connected with New Horizon Christian Academy and/or New Horizon Fellowship Church of God including the drivers, boards, administration, staff, and volunteers for any claim arising from an injury or harm to my child. I also understand that a notice will be sent home with information regarding every upcoming field trip.

Parent/Guardian Signature _____ Date _____

NHCA Acceptable Use of the Internet Policy Form

In making decisions regarding student access to the Internet, NHCA considers its own stated educational mission. Electronic information research skills are now important to the preparation of citizens and future employees. Access to the Internet enables students to explore thousands of libraries, databases, and other resources. **NHCA reserves the right to limit Internet access for grade appropriateness and content. Internet access entails responsibility, and is a privilege, not a right.**

Students utilizing NHCA-provided Internet access must first have the permission of and must be supervised by NHCA professional staff. Students utilizing NHCA-provided Internet access are responsible for proper online behavior just as they are in the classroom or other areas of the school.

The purpose of NHCA-provided Internet access is to facilitate communications in support of research and education. To remain eligible as users, students must be in support of and consistent with the educational objectives of NHCA and its Acceptable Use of Technology Agreement.

NHCA blocks certain websites for inappropriateness. If a student accidentally connects to websites that display sexually explicit, racist, or potentially-offensive materials or music, the student must immediately disconnect from the site and notify the administrator or teacher. The ability to connect to such sites does not imply students are granted permission to visit the site. If a student's Internet activity reveals a clear intent to visit inappropriate Internet websites, disciplinary action will be taken which may result in the student's dismissal from school.

Students are not permitted to visit chat rooms or blog sites. The ability to access these sites does not imply that permission is granted to visit the site.

All Internet access is to go through the firewall. If a student is found to be deliberately attempting to bypass the firewall or school-installed filter, disciplinary action will be taken by the Administration.

All Internet activity on NHCA computers is subject to monitoring and review by the NHCA staff. Each student and a parent or legal guardian is required to sign this document and return it to the Administration Office before the student's use of NHCA computers.

Student's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Student Code of Conduct

I have read and understand the New Horizon Christian Academy Parent/Student Handbook and agree to willingly follow the rules and the spirit of the rules listed in it.

I understand that the guidelines listed in it apply to the behavior of students both at school and away from school while participating in school functions and activities.

I understand and agree to the consequences listed in the Handbook.

I understand that I have a means of grievance whereby circumstances of a case may be presented to Administration, and I agree to comply with the decision.

I understand that New Horizon Christian Academy is a ministry of New Horizon Fellowship Church of God and, as such, is governed by the authority of the Senior Pastor of New Horizon Fellowship Church of God and the New Horizon Christian Academy School Board. The Senior Pastor also serves as the Superintendent of New Horizon Christian Academy.

I realize that although I will not be expected to become a member of New Horizon Fellowship Church of God, or adhere to its tenets and Declaration of Faith, I will respect the right of New Horizon Christian Academy to run the daily operations with a Christian spiritual emphasis and perspective.

I have read, understand, and agree to comply in full with the guidelines of the New Horizon Christian Academy Parent/Student Handbook.

Student _____ Date _____

Father/Guardian _____ Date _____

For self and on behalf of minor child

Mother/Guardian _____ Date _____

For self and on behalf of minor child