



Thank you for your interest in Hope Christian Academy

Enclosed is the application form requested.

Please feel free to contact us with any questions at 717-375-5078.

Please return the completed application along with the registration fee to:

Hope Christian Academy
23170 Great Cove Road
McConnellsburg PA 17233

HOPE **C**HRISTIAN **A**CADEMY
Statement of Faith

We believe the Bible to be the only inspired, infallible, authoritative Word of God.
(2Timothy 3:16, 2 Peter 1: 21)

We believe there is only one God, in three persons, the Father, Son, and Holy Spirit. (Matthew 28: 19, John 10:30) We believe in Jesus Christ, the only Son of God; that He was conceived by the Holy Spirit, born of the Virgin Mary (Isaiah 7:14); that He suffered under Pontius Pilate, was crucified, died, and was buried (1 Corinthians 15:3); that He arose on the third day (1 Corinthians 15:4), ascended into heaven, where He sits at the right hand of God the Father (Mark 16:19) and will come again to judge the living and the dead (Acts 1:11). We believe in the Holy Spirit, (Romans 8:13, 14) the worldwide Church, the communion of saints, the forgiveness of sins (John 3: 16 - 18), the resurrection of the body and life everlasting (John 5: 28, 29).

We believe that salvation is only through faith in the shed blood of Christ and that only by God's grace and through faith are we saved.

We believe that the term "marriage" has only one meaning: the unity of one man and one woman in a single exclusive union, as delineated in Scripture (Genesis 2:18 -25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Corinthians 7: 2 - 5)

We believe that God foreordained and created each person as either male or female in conformity with their biological sex. (Genesis 1: 26-27) Those who reject their biological sex reject God's design and the person He created them to be.

We believe that life, created by God, begins at conception and continues until death. Any attempt to end life after conception is against God's design.

We believe that God offers every person forgiveness, redemption, and restoration to all who confess and forsake their sin. (Acts 3: 19 -21, Romans 10: 9 -10, 1 Corinthians 6: 9- 11)

We believe that a Christian believer is to be distinct from the world by consistent Christ-like conduct and be in the world as life-giving light.

We believe that it is our task as Christians to fulfill the great commission, to make disciples of all nations and to pass that on to the students and their families.

We believe that it is our task to admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities provided and made available to students at the school.

HOPE CHRISTIAN ACADEMY
APPLICATION FOR ENROLLMENT

23170 Great Cove Road, McConnellsburg PA 17233 ♦ 717-375-5078 ♦ hopechristianacademy@yahoo.com

Application Process

- Submit the Application for Admission including the non-refundable Application Fee (Fee is \$50.00 per student).
- Submit a copy of student's academic records.
- Parent Interview - scheduled with administrator or a member of the school staff.
- Entrance Testing - scheduled with administrator or teacher.

After Acceptance to HCA

- Records: Submit a copy of Birth Certificate.
- Records: Submit a copy of Immunization Record.
- Submit copy of dental exam if required for grade level.
- Submit copy of physical exam if required for grade level.
- Submit Tuition Payment Policy/Financial Responsibility Statement.
- Pay the non-refundable Curriculum Fee.
- Attend New Parent Meetings (dates to be announced).

Hope Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs or activities, generally made available to the students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its school policies, admission policies, scholarships and loans programs, use of facilities and athletic and other school-administered programs.

HOPE CHRISTIAN ACADEMY
FAMILY INFORMATION

Data on Mother

Mother's Name: _____
Address: _____

Home phone number: _____
Cell phone number: _____
Employer: _____
Occupation: _____
Business phone number: _____
Email: _____

Data on Father

Father's Name: _____
Address: _____

Home phone number: _____
Cell phone number: _____
Employer: _____
Occupation: _____
Business phone number: _____
Email: _____

- ♦ If father and mother live separately, has there been a judicial determination of custody?
☐ Yes ☐ No ☐ Pending

♦ Who has legal custody? _____

♦ If joint custody, both parents must sign the application.

♦ If student does not live with both father and mother, student lives with:

- ☐ Mother ☐ Father
☐ Mother & *Stepfather ☐ Father & *Stepmother ☐ *Other

*Stepfather's name: _____

*Stepmother's name: _____

*Other (please list name and relationship): _____

♦ Who is authorized to pick up your child? (List each person authorized to pick up)

- ♦ All correspondences should be sent to: ☐ Both parents
☐ Mother ☐ Father ☐ Guardian ☐ Other

♦ Name of person responsible for all fees: _____

♦ Address if different from page 1:

♦ Maternal Grandparents (optional):

Name: _____

Address: _____

♦ Paternal Grandparents (optional):

Name: _____

Address: _____

Church Information

♦ Name of Church family attends: _____

♦ Denomination: _____

♦ Church Address: _____

♦ Pastor's Name: _____

Children living in the home

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Public School District child resides in: _____

*Please complete one student application for each child you wish to enroll.
Additional student applications may be requested from the office.*

HOPE **C**HRISTIAN **A**CADEMY
Student Application for Admission

Child's Legal Name: _____

Name Called By: _____

Gender: _____ Age: _____ Date of Birth: _____

Current Grade: _____ Grade Applying For: _____

Name of Current School: _____

Phone Number: _____

Address: _____

Name of other schools attended in the past three years:

♦ How do you view your child's present school experience (if applicable)? _____

♦ How would you describe your child's academic success in their previous school? _____

♦ How would you describe your child's behavior at their previous school? _____

♦ What experiences has your child had away from home in an independent environment (Sunday School, Camp, Daycare, etc.)? _____

♦ What are your child's personal feelings about attending HCA? _____

♦ Does your child have any of the following:

Physical problems ☐ Yes ☐ No

Emotional problems ☐ Yes ☐ No

Learning Disabilities ☐ Yes ☐ No

Unusual behavior habits ☐ Yes ☐ No

If yes, please explain: _____

♦ Has your child ever had an IEP or psychological testing? ☐ Yes ☐ No

If yes, give reason: _____

♦ Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities or other areas that impact learning? ☐ Yes ☐ No

If yes, give reason and findings: _____

♦ Has your child ever been enrolled in a special education class? ☐ Yes ☐ No

If yes, give reason: _____

♦ Has your child ever had to repeat a grade? ☐ Yes ☐ No

If yes, give reason: _____

♦ Has your child ever been suspended, expelled, or asked to withdraw from a school?

☐ Yes ☐ No If yes, give reason: _____

Health Issues

♦ Please identify any special health concerns or allergies about which we should be aware:

♦ Child's Health Insurance Carrier: _____

Name of Insured: _____

Group Number: _____ Policy Number: _____

Child's Physician: _____ Phone Number: _____

♦ Emergency Contact (other than parents):

Primary (Name & Number): _____

Secondary (Name & Number): _____

Parental Permissions/Agreements

I authorize Hope Christian Academy to make whatever inquiries are necessary to process this application.

I give permission for my child to take part in all school activities including physical education and school sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity.

I agree with the efforts of Hope Christian Academy to teach the Bible and the Christian faith and will encourage my child in this and in all phases of the curriculum. I am willing to have my child participate in structured activities such as Bible class, Bible reading, worship, chapels, and scripture memory.

I recognize that Hope Christian Academy is a non denominational school. I am in agreement with their Statement of Faith and I agree to avoid doctrinal controversy and denominational points of contention.

I agree to support the policies and terms in the Parent/Student Handbook. I understand that my child's attendance at Hope Christian Academy is a privilege, not a right; and that if at any time his/her conduct, academic progress, or cooperation with the school authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I agree to support the teachers and administration in front of my children and other parents. If I have a problem with school policy or procedures, I will discuss the problem with the teacher involved or the administrator before I discuss it with others.

Parent's Signature

Parent's Signature

Date

Tuition Payment Policy

It is essential to the functioning of Hope Christian Academy that the tuition and fees be paid by the families in a timely manner. Nonpayment of tuition and/or fees will result in the dismissal of the student in accordance with the following policy.

1. Tuition is to be paid using one of the following schedules:
 - a. Yearly payment in full by August 1 (2% discount).
 - b. Ten monthly payment plan - First payment due by first day monthly from August to May.
 - c. Special arrangements agreed upon in writing before August 1 to accommodate special financial circumstances. Minimum monthly payments must be made by all families.
2. All accounts must be satisfied.
 - ♦ Before academic records will be released.
 - ♦ Before students will be re-enrolled.
 - ♦ Before tuition assistance funds will be committed or disbursed.
3. A \$30.00 charge will be added for all returned checks (NSF)
4. If you enroll your student(s) after school starts, the tuition cost will be prorated based on the number of days a student is enrolled.
5. The absence, withdrawal or dismissal of any student does not relieve the payment of tuition and fees owed. Tuition will be prorated to the number of days the student was enrolled. The office must be notified in writing of the withdrawal of a student and effective date.
6. No student is to be admitted if registration and curriculum fees have not been paid.

Financial Responsibility Statement

A nonrefundable Application Fee must be submitted with application. The Application Fee is \$50.00 per student.

The non-refundable Curriculum Fee of \$300.00 per student must be paid by July 15th. If a student is enrolled after the start of school, the Curriculum Fee must be paid before the child begins school. HCA retains ownership of all curriculum materials.

2020-2021 Tuition Rate \$4,000.00

- ☐ One year payment due by August 1st (2% Discount)
- ☐ Ten equal monthly payments, due on the 1st of each month from August 1st to May 1st
- ☐ Special Arrangements, including a minimum monthly payment - Agreed upon with the Administrator - Describe below

- ☐ Family Equity Program: Families who believe they have a financial need may request and application for participation in the Family Equity Program.

I agree to pay my financial obligations to Hope Christian Academy on time and in full.

Parent's Signature

Parent's Signature

Date

Publicity Agreement

On occasion, pictures of our students may appear in newspapers, brochures, on our website page, on our Facebook page, in our Newsletters, etc. In some cases, their name may also be listed with the picture. Please sign below if you give permission for your child's picture and/or name to appear in such items as these.

I give permission for my child's picture and/or name to be used in the manner listed above.

Parent's Signature

Parent's Signature

Date

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

