

**Plaza Heights Christian Academy
Parent/Student Agreement 2022-2023**

Mission Statement: *To teach Biblical truth in an environment of academic excellence that prepares students to impact the world for Christ.*

****By signing this document, you acknowledge that you have read the ENTIRE section listed.**

Policies

1. We agree to support the policies, rules, and Administration of Plaza Heights Christian Academy.
2. We have read and do accept the basic precepts in the PHCA Statement of Faith. We agree that our child will participate in the Christ-centered curriculum, including weekly chapel service.
3. **We understand our child's attendance is a privilege, not a right.** We understand that if at any time the PHCA Administration determines that our child's conduct, academic progress, or cooperation with PHCA authorities is not in accordance with the school's requirements and handbook and/or PHCA is not able to provide the special needs that my child/children may require, we understand and agree that our child will be dismissed without prior notice and that any such dismissal is final.
4. We pledge to support the school in its efforts to discipline our child in accordance with the standards of the school.
5. We agree to provide all previous school records as required before admittance to PHCA.
6. We agree that if a student or parents is offended by the words or actions of a teacher or any person involved in the system, as Christians they should first go to the person through whom the offense came and share with that person, holding true to the Matthew 18 Principles. If, after consulting together and praying for mutual understanding, there is not reconciliation, then they should agree to counsel person directly over him or her, but never before approaching the person committing the offense. In like manner, if the matter is not resolved there, it may then, and only then, be taken to the School Board. If the matter cannot be resolved there, then it should be taken to the pastor for final disposition.

Social Media/Media

1. We give permission for our child to be photographed for purposes of display in, but not limited to, the following: Facebook, school publications, newspapers, bulletin boards, yearbook, and the PHCA website.

Educational and Recreational Field Trips

1. We grant permission for our child to participate in educational or recreational field trips with PHCA. PHCA will advise us in advance of scheduled field trips and will provide adequate supervision to ensure the safety of our child during the field trip.

Morning and After School Care

1. If you child is enrolled in Morning Care or After Care, we agree to pay the designated fee as directed, understanding there are **no deductions** for absences, snow days or holiday breaks.
2. We understand that our child will not arrive at PHCA prior to 8:00am (unless enrolled in Morning School Care) and will be picked up no later than 3:40pm (unless enrolled in After School Care).

Medical Policies

1. We agree to provide PHCA with up-to-date health records, written proof of medical exams (when applicable).
2. In the event of an emergency, illness or accident, PHCA has our permission to administer medication/medical assistance as necessary. We agree to assume all responsibility for any/all medical/doctor charges connected with said emergency situation.
3. If he/she runs a fever, we agree to pick up our child and keep him/her out of school for a period of not less than 24 hours.
4. We absolve PHCA from all liability in the event our child is injured at school or during any activity away from school.
5. We give permission for our child to receive antibiotic ointment, chewable antacid, Pepto-Bismol, cough drops, hydrocortisone lotion, and sunscreen.
6. We give permission for our child to receive Acetaminophen and Ibuprofen with the understanding that we will first receive a phone call for verbal confirmation first.

*****Please make the School Office aware of any information we need to know regarding your child/children's Medical Information/Policies or Social Media information/Policies!!!**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Plaza Heights Christian Academy
Activity and Athletic Waiver 2022-2023

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the minor child). I am informed of the athletic activities at Plaza Heights Christian Academy and I hereby give my consent to have my minor child participate in any formal activity or athletic program offered by Plaza Heights Christian Academy during the current school year.

I understand that participating in activities and athletic programs will require a participation fee and those fees are made known to me through the school and/or athletic department. I understand that for my child to participate, a current physical form must be on file in the school office and all fees must be current prior to participating in the activity and/or athletic program.

I understand that during the time of participation in an activity and/or athletic program, my child could be injured, have harm, damage, or death. To the fullest extent permitted by law, I release Plaza Heights Christian Academy from any claims arising from my minor child's participation in the activity and/or athletic program.

In case of an emergency, I understand every effort will be made to contact me (my spouse or emergency contacts). I understand that in the event I cannot be reached, I hereby give my permission to the licensed health-care provider selected by Plaza Heights Christian Academy to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Parent/Legal Guardian _____

Please print name of Parent/Legal Guardian: _____

Date: _____

Plaza Heights Christian Academy
Student Emergency/Medical Release Information 2022-2023

Student Name: _____

Primary Care Physician Name: _____ Phone _____

Primary Care Physician Address: _____

Dentist Name: _____ Dentist Phone #: _____

Dentist Address: _____

Insurance Provider: _____

Insurance Policy Number: _____ Group Number: _____

Preferred Hospital: _____

Please list any allergies (specifically list all food allergies) that your child has and if there is any medication/medical instructions:

Please list any medication that your child will need to keep in the office in the medical cabinet:

Emergency Contact Information

Name: _____

Relation: _____ phone number: _____

Authorized Pick Up Contact: YES
 NO

Name: _____

Relation: _____ phone number: _____

Authorized Pick Up Contact: YES
 NO