



## Majesty Christian Academy Enrollment Form

Student's Full Name: \_\_\_\_\_

Grade Attending: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Country: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age : \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

**Student lives with (check one):**

Both parents \_\_\_\_ Mother only \_\_\_\_ Father only \_\_\_\_ Someone other than parent \_\_\_\_

**If your family is new to Majesty Christian Academy, recommended by (optional):**

\_\_\_\_\_

**Reason for Applying (optional):**

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**Information that could be helpful to our faculty in working with your child:**

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**Previous School Attended:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country: \_\_\_\_\_

**Siblings attending Majesty Christian Academy:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parents or Guardians Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_

**Student Medical Information:**

Parent or Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade \_\_\_\_\_

By signing this form I give my permission for any Majesty Christian Academy staff member to administer the following medications or medical treatments to my child when deemed necessary. The staff member will record the name of the medication, date, time, and the amount given. This form will be kept on file. Medications will be administered according to pre-stated parental directions or according to medication label. We cannot be responsible for medications that the student takes without the knowledge of the teacher or that is self administered.

Please initial all medications that you will approve on the lines provided.

**First aid for cuts, skin irritations, insect bites and stings:**

\_\_\_\_\_ Alcohol solutions \_\_\_\_\_ Antibiotic ointment \_\_\_\_\_ Benadryl ointment

First aid for minor pain, headaches or allergies:

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil or Motrin) \_\_\_\_\_ Benadryl

Other \_\_\_\_\_

**Medications that my child takes daily or on a regular basis (inhalers, insulin, etc.):**

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time Taken: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Serious Conditions or Illnesses: \_\_\_\_\_

Please sign below if the above first aid measures and medications indicated are acceptable. You are giving permission for our staff to administer these medications.

Signature of parent or guardian \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT FOR STUDENTS**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, do hereby give my permission to Majesty Christian Academy, its teachers, administrators and staff to request medical treatment for the above named child in the event of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Pick-up Authorization

Child's Full Name: \_\_\_\_\_

Grade \_\_\_\_\_

Home phone \_\_\_\_\_

My child will be picked up at \_\_\_\_ 3:00 p.m. or at: \_\_\_\_\_

Only the following authorized persons may pick up my child from school:

Name	Phone Number	Alt. Phone Number	Relationship

If you are divorced, we must know who has custody of your child. Please also indicate if any parent is not permitted to pick up your child

Please provide any additional information that may be beneficial for your child's teacher to know regarding your family circumstance.

(1) \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_

Please use the reverse side of this sheet to add any additional information.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent and Volunteer Agreement

The purpose of this agreement is to inform all parents and volunteers about the school's policies and procedures and to insure a safe environment for our students, staff, parents, and volunteers. Please read the agreement and sign where indicated. The form must then be returned to the school office. If you have any questions, the teacher or principal will be happy to help.

1. Volunteers work with and for the teachers and principals and must follow their directions. Volunteers work at the discretion of Majesty Christian Academy, its director, administrators, and faculty and may be dismissed at any time for any reason.
2. Volunteers must not talk to children about personal family matters nor give advice about those affairs or problems which are normally the responsibility of the family.
3. Volunteers must call 911 in the event of an emergency and inform the teacher or staff member on duty immediately.
4. Volunteers must report suspected child abuse to the principal and to the child abuse hotline, which is posted near each school telephone.
5. Volunteers must be aware of the rules and procedures for discipline and safety found in the current school handbook and safety standards and must abide by those rules and procedures and encourage the children to abide by them also.
6. Volunteers must report discipline problems to the teacher in charge and must not prescribe punishment.
7. Volunteers must not be in the vicinity of the children or the school if they have any communicable diseases. Food service volunteers, including lunch monitors, must not work if they have any open cuts or wounds.
8. Drivers for field trips assure the school that their vehicles are mechanically safe and well maintained. Drivers will operate their vehicles only when they are physically and mentally capable of doing so and with proper regard for all traffic laws, signals, markings, and weather conditions, with respect for other drivers and pedestrians, with seat belts worn by all persons in the vehicle, and with insurance limits which meet or exceed those required by law in Guam. Each driver declares that his license has never been suspended or revoked and that he has no mental or physical limitations or disability which might cause his driving to be unsafe.
9. Volunteers must never have been convicted of a felony or be guilty of any indecency with a child. A parent who was convicted more than ten years before for certain felonies may be admitted as a volunteer on a limited basis at the discretion of the director if full disclosure of the facts are available.

I, the undersigned volunteer, have read and understand and agree to support and abide by the conditions in this agreement. I further certify that I have not been convicted of a felony or indecency with a child.

Printed Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Media Release

I, \_\_\_\_\_ (parent name), custodial parent or legal guardian of \_\_\_\_\_ (student's name), understand that Majesty Christian Academy does from time to time record images and audio of students and their families during school hours and at school-related events. I understand that these may include video recordings, photographs and audio recordings. I hereby give permission for Majesty Christian Academy to use the above mentioned images and recordings of my child and my family in newsletters, yearbooks, brochures, DVD's and on the school's and the Parent/Teacher's web sites for advertising, recruiting new students and other school-related purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_