



## Majesty Christian Academy Enrollment Form

Updated Personal Information		Release Form
Print Student's Last Name, First Name:		<b>PROMOTIONAL MATERIAL</b> Majesty Christian Academy reserves the right to use any photography or video taken while your child is at school, for promotional purposes.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School hours: 8:00 am - 3:00 pm	<b>HEALTH AND SAFETY</b> For the protection of all, students with lice/nits are unable to be retained on the premises.
Current Age:	Early drop-off: 7:30 am Late Pick-Up: 3:30 - 5:30*	<b>CONSENT TO EXAMINE</b> I consent to examination and treatment of my child(ren) through personnel employed by Majesty Christian Academy.
Date of Birth: ____/____/____	*\$5 per 30-minutes for late pick-up (billed at the beginning of the half-hour)	<b>CONSENT TO RELEASE OF LIABILITY</b> I understand that there are certain inherent risks in any activity, including school involvement. In consideration of my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Majesty Christian Academy from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular school activities. This release includes claims based on the negligence of Majesty Christian Academy and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.
Email address:	<b>Updated Medical Information</b>	<b>CONSENT TO RELEASE OF INFORMATION</b> I agree that any health information provided to Majesty Christian Academy personnel, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Majesty for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Majesty deems necessary to take appropriate safety precautions. I also understand that Majesty reserves the right to review any information given and to determine student capability and eligibility based on that information.
Home Phone:	Date of Last PPD(TB) Test:	<b>IN CASE OF MEDICAL EMERGENCY</b> I understand that every effort will be made to contact parents or guardians of students in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Majesty to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment.
Cell Phone:	Prescribed Medication Taken Regularly: (Must be in original prescription container labeled with student's name, medication name, dosage, and time to be taken)	<b>FINANCIAL</b> I understand that all fees are non-refundable.
Parent/Legal Guardian with whom you live:	Specific Allergies and type of reactions:	<b>Print Name:</b> _____
Emergency Contact Name:	Medical Conditions and Activity Restrictions:	<b>Parent or Guardian's Signature:</b> X _____
Emergency Contact Number:	Name of Insurance Holder:	
Student's Grade (Fall 20__):	Name of Insurance Company:	
<input type="checkbox"/> K5 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th		