

# Registration Packet

2021 - 2022



**"I will exalt you,  
my God the King;  
I will praise your name  
for ever and ever."**

**Psalm 145:1**

King's Academy  
7400 Eldridge Parkway  
Houston, TX 77083  
281 561-7400  
[MyKingsAcademy.com](http://MyKingsAcademy.com)



Date Submitted: \_\_\_\_\_

# King's Academy

## Student Registration Form

### 2021 - 2022

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Name Student Goes By: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Student Resides With:  Both Parents  Mother  Grandparent  Guardian: \_\_\_\_\_

Ethnicity: Check all that apply.  African  African American  Asian  Hispanic  White  Other: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Cell Phone, if applicable: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Public School District: \_\_\_\_\_

### Family Information

**Mother** ( Mother  Stepmother  Grandparent  Guardian)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church, if attending: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Primary Language(s): \_\_\_\_\_

**Father** ( Father  Stepfather  Grandparent  Guardian)

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church, if attending: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Primary Language(s): \_\_\_\_\_

**Siblings**

Names & Ages: \_\_\_\_\_

**Other**

Which parent is the primary contact for school communications?  Mother  Father

Which parent is the primary contact for financial discussions?  Mother  Father

Please describe any unusual family circumstances or custody issues of which the school should be aware: \_\_\_\_\_

## Academic History

Student's grades are typically:  Above Average  Average  Below Average

Does the student have any diagnosed or suspected learning disabilities or behavioral challenges? If so, please describe:

\_\_\_\_\_

Has student ever been retained?  Yes  No If yes, what grade and why? \_\_\_\_\_

Has student every been suspended or expelled?  Yes  No. If yes, give reasons: \_\_\_\_\_

\_\_\_\_\_

Has student ever been selected to participate in a gifted or talented program?  Yes  No

As a parent, what are your primary reasons for considering King's Academy?

Strong academics  Small classes  Christian perspective  Safe, supportive environment

Location  Athletics program  Special Needs Focus  Other: \_\_\_\_\_

Is there anything special you want us to know about your child's academic history? \_\_\_\_\_

\_\_\_\_\_

## Personal Information

Briefly describe your child's personality. \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite sports, interests, or hobbies? \_\_\_\_\_

## Parental Permissions

**Yes**  **No** **Media Release Form.** I understand that my child may be photographed, audiotaped, or videotaped as part of their educational activities or for internal training purposes.

**Yes**  **No** **Media Release Form.** I give permission for photographs, audiotapes, and/or videotapes of my child to be used for advertising and/or online (such as on the school website). Last names or contact information will never be published to protect their safety.

**Yes**  **No** **Water Activities.** I give permission for my child to participate in age-appropriate water activities planned by King's Academy. I understand he/she will be continuously supervised by adults & safety rules will be enforced.

**Yes**  **No** **Nutritional Value of Food.** I understand that King's Academy is not responsible for meeting my child's daily food needs or for ensuring the nutritional value of their meals or snacks. I will ensure my child brings a healthy lunch or orders lunch from the school's approved vendors on a daily basis.

**Yes**  **No** **Records Request.** I authorize King's Academy to request pertinent records from my child's previous school in order to assist in admissions decisions and to help my child succeed academically. I voluntarily waive the right of access to all information received by King's Academy from any source in connection with this application.

**Yes**  **No** **Mandatory Evacuation.** In the event of an immediate, mandatory evacuation, I give permission for a representative of King's Academy to transport my child in a personal vehicle to a safe location. I understand I will be notified as soon as possible and provided relevant information regarding the relocation site.

**Yes**  **No** **Christian Education** I understand that King's Academy educates students from a biblical worldview, and I approve that my child will be guided and encouraged in the Christian faith as a student at King's Academy.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# King's Academy Emergency Release Information

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contacts

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Emergency Contacts

These persons may be called only when a parent cannot be reached & have permission to pick up my child if needed.

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Persons (who may pick up or drive my child)

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Known Drug Allergies: \_\_\_\_\_

Dietary Restrictions/Food Allergies: \_\_\_\_\_

Other Known Allergies: \_\_\_\_\_

Chronic Health Concerns/Disability: \_\_\_\_\_

### Medications

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Yes  No Does your child use an EPI pen? (If so, please ask the front office for an allergy & anaphylaxis emergency plan form and submit it with written instructions from your child's doctor.)

Yes  No Does your child use an inhaler or need regular breathing treatments? If so, please bring this to an administrator's attention immediately.

***I understand that in case of injury to my child, the Head of School or other school representative will use his/her discretion in giving emergency first aid, calling parents for instructions, or calling an ambulance. I agree to assume financial responsibility for all medical expenses and/or ambulance services.***

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# King's Academy

## Physician's Health Information & Assessment

**King's Academy follows the health requirements set forth by the Texas Department of Family and Protective Services. Please have your child's doctor complete, sign, and date this form. It must be returned to the school no later than the first day of school.**

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

Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parents or Legal Guardians: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Physician's Statement

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***I have examined the above-named child within the past year and verify this child's medial history and current state of health are satisfactory for participation in a school program.***

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Hearing & Vision

Hearing and vision testing is required for children ages 4 and up and must be completed annually. If your child's physician or another specialist do not perform these tests, you may obtain this testing for a small fee when offered at King's Academy in October.

**Hearing and Vision** (To be completed by physician or specialist)

**Vision** R 20/\_\_\_\_ L 20/\_\_\_\_ *Pass or Fail? (Please circle one.)*

**Hearing** 1000Hz 2000Hz 4000Hz

*Right* \_\_\_\_\_ *Pass or Fail? (Please circle one.)*

*Left* \_\_\_\_\_ *Pass or Fail? (Please circle one.)*

\_\_\_\_\_ ***Please check here if you prefer that your child be tested at King's Academy in October for a small fee.***

**Physician or Specialist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Financial Policies

Please initial each of the following statements acknowledging you have read and agree to the financial terms below.

\_\_\_\_\_ The applicable registration fee is due at the time of registration.

\_\_\_\_\_ Registration fees, tuition, and testing fees are non-refundable. An exception will be made for registration fees if the school chooses not to admit an applicant.

\_\_\_\_\_ Annual tuition is payable in *11 equal monthly installments*, beginning July 1, 2021 and ending May 1, 2022. If a student withdraws during the year, the parent is responsible for informing the school in advance and paying the child's tuition for the month during which the child withdraws plus one additional full month's tuition. This is to offset the loss to the school, which has hired teachers and purchased curriculum in good faith that the parents will fulfill their financial contract.

\_\_\_\_\_ If the school is forced to close due to circumstances beyond our control such as COVID or any weather-related issues, tuition must still be paid in full for that month.

\_\_\_\_\_ If a student has an extended absence, tuition must still be paid in full.

\_\_\_\_\_ Tuition is due on the **1st** day of the month and is late after the **10th** day of the month. If desired, a parent can see the Business Manager to request smaller, semi-monthly payments payable by the 5<sup>th</sup> and the 20<sup>th</sup> of each month.

\_\_\_\_\_ Tuition may also be paid in one annual payment by August 10<sup>th</sup> (to obtain a 5% discount) or two semi-annual payments (for a 2% discount).

\_\_\_\_\_ Any month that an account is not current by the 20<sup>th</sup> of that month and alternative arrangements have not been made, a late fee of \$25.00 will be charged to the student's account on the 25<sup>th</sup> of that month.

\_\_\_\_\_ If a student's tuition is not paid in full for two consecutive months, the child may not be allowed to return to school beginning the third month until payment is made in full. Extenuating circumstances will be considered only if the parent has made a prior request to the Head of School by the 15<sup>th</sup> of the second month tuition is unpaid.

\_\_\_\_\_ I am aware that a discount may be applied to my child's tuition if he/she qualifies for a sibling, staff, or prepaid tuition discount.

\_\_\_\_\_ Check, ACH deposits, money orders, or credit cards are the accepted forms of payment. We prefer not to accept cash.

\_\_\_\_\_ Extended Day may be available to parents during select school holidays based on availability and for an additional daily fee. Pre-registration is required, and the non-refundable fee must be paid a week in advance.

\_\_\_\_\_ If a check is returned for any reason, your account will be charged \$25.00. The school may request that subsequent payments be made by money order and all subsequent payments must be made by money order or credit card.

\_\_\_\_\_ King's Academy will hold transcripts, report cards, and all student records until all tuition and fees have been paid in full.

***I have read and understood the above statements & agree to abide by the financial policies of King's Academy.***

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_