

DARREN PATTERSON CHRISTIAN ACADEMY



HOMESCHOOL REGISTRATION

Darren Patterson Christian Academy believes in the value of all human life, and admits students without regard to race, color, national or ethnic origin. DPCA does not discriminate on the basis of race, color, or national or ethnic origin in the administration of any of its student policies or educational programs.

GENERAL INFORMATION

Families who wish to participate in any classes, events, activities, or other services offered by the school are required to register in order to have student information on file and guarantee communication. Registering ensures that you receive timely notification of grade appropriate activities & announcements, invitations to special events, and an opportunity to use the library. In addition, the registration fee allows your child to participate in bi-annual standardized testing (TerraNova) if you so choose.

We do not report registered homeschool students to any entity, nor is the registration for any purpose other than to offset administrative costs and to ensure that we can seamlessly extend our services and communicate with you. We ask for medical and emergency contact information so that we have the critical information we need on hand in the event that your student should require aid while in the school building or during a school related function or excursion.

Core Classes include courses such as math, history, english, and science.

Elective Classes vary per grade level, but may include music, spanish, art, etc.

Outdoor Excursions vary per grade level; see calendar or inquire for specifics.

GRADE	BASE TUITION	CORE CLASS (1 class / year)	ELECTIVE (1 elective / year)	OUTDOOR EXCURSIONS (single / all)
K	\$3,245	\$649	\$163	\$25 / \$100
2 - 5	\$5,445	\$1,089	\$273	\$40 / \$160
6 - 8	\$6,022	\$1,205	\$303	\$75 / \$300

INSTRUCTIONS

1. Complete the following packet, which includes...

- Registration Information
- Student Health History
- Emergency Medical Treatment Authorization
- Permission for Medication

2. Submit all forms to the front office, along with a non-refundable \$35 registration fee...

Stop by, drop it in the mail, or fax it to us:

Darren Patterson Christian Academy
518 S San Juan Avenue PO 1243
Buena Vista, Colorado

Fax: 719.395.2055

For help with this application, please call 719.395.6046,
or email your question(s) to secretary@dpcaweb.org

- REGISTRATION INFORMATION -

CONTACT

PARENT/GUARDIAN

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

STUDENT NAME(S)

STUDENT(S) HOME

Phone #: _____

Address: _____

Child(ren) lives with: Father | Mother | Both Parents | Other: _____

Legal custody of child(ren) belongs to: Father | Mother | Both Parents | Other: _____

Send information to: Father | Mother | Both Parents | Other: _____

EMERGENCY CONTACTS

Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

STUDENT INFORMATION

Name: _____
(last) (first) (mid)

Grade: _____ Birthdate: ___ / ___ / _____ Male / Female

Courses / Electives / Excursions Student wishes to participate in:

[illegible]

- STUDENT HEALTH HISTORY-

Student's Name <i>(Last, First, M.I.)</i>		M/F	Date of Birth	
Student's Dentist			Date of last exam	
Student's Physician			Date of last physical exam	

PERSONAL HEALTH HISTORY		
Asthma?	Yes	No
Bleeding / Nose Bleeds?	Yes	No
Bone / Joint Pain?	Yes	No
Concussion / Head Injury?	Yes	No
Diabetes / Insulin Injections?	Yes	No
Ear Problems / Hearing Aids?	Yes	No
Eye / Vision Problems?	Yes	No
Headaches / Migraines?	Yes	No
Heart Problems?	Yes	No
Hepatitis?	Yes	No
Frequent Infections: Ear, Strep, Other?	Yes	No
Kidney Disease?	Yes	No
Lead Poisoning?	Yes	No
Measles?	Yes	No
Meningitis?	Yes	No
Seizures?	Yes	No
Rheumatic Fever / Scarlet Fever?	Yes	No
Sickle Cell Anemia?	Yes	No
Stomach Aches / Ulcers?	Yes	No
Limits on Activity or Disability?	Yes	No
Does your child need special attention at school related to a health problem?	Yes	No

Surgeries		
Year	Reason	Hospital

Other hospitalizations		
Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers...		
Name the Drug	Strength	Frequency Taken

Allergies to medications, foods, insects, pollens or other...	
Name the allergen	Reaction You Had

MENTAL HEALTH				
Have you ever been diagnosed with ADD?		Yes		No
Have you ever been diagnosed with ADHD?		Yes		No
Have you ever been diagnosed with OCD?		Yes		No

Additional Comments: information to help school personnel understand & work with your child more effectively.

Permission to give your child non-aspirin: (please circle one): YES / NO

Signature of Parent/Guardian

Date

- EMERGENCY MEDICAL TREATMENT AUTHORIZATION -

I/We hereby give my/our permission to Darren Patterson Christian Academy to secure emergency medical treatment in the event of an injury or accident or emergency situation that involves my child. I understand that a conscientious effort will be made to contact me/us as to the injury and treatment of our son/daughter. In the event physicians, other persons named or parents cannot be contacted, school officials, emergency personnel or hospital physicians are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of the student. We will not hold the school, emergency personnel or hospital physician responsible for the emergency care and/or transportation for said student.

Student:_____ Birthdate:_____ Grade: _____

Parents/Guardians: _____

Address: _____

Mailing

Street

City

State

Zip

Phone during day: Father _____ Mother _____

In an emergency, if parents cannot be contacted:

Notify first: _____ Phone: _____

Notify second: _____ Phone: _____

Family doctor: _____ Phone: _____

Family dentist _____ Phone: _____

Known allergies/Health conditions: _____

Parent/Guardian's Signature _____ Date: _____

- PERMISSION FOR MEDICATION -

This form need only be returned if medication needs to be administered at school.

Name of student: _____ Grade: _____

Medication: _____

Time/frequency of medication administration: _____

Purpose of medication: _____

Possible side effects: _____

Signature of Physician: _____ Date: _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designated employee of Darren Patterson Christian Academy, the undersigned parent or guardian hereby agrees to release Darren Patterson Christian Academy and its personnel from any legal claim, which they now have or may hereafter have, arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Signature of Parent/Guardian: _____ Date: _____

Note: the medication is to be brought to school in a container appropriately labeled by the pharmacy or physician, stating the name of the patient, name of the medication and the dosage.