

Pillars
ACADEMY

Where Future
Leaders are
Inspired &
Nurtured

Returning Student Enrollment Toddler–6th Grade

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✓ Checklist

Please complete the following forms, along with this checklist and a copy of your child’s birth certificate and immunization card. **Enrollment packet must be submitted to the Pillars Academy admissions office with a \$ 300 non-refundable payment.**

Please make checks payable to: Pillars Academy. Questions? Call Sahar Ali at (949) 951-0042 or email sahar@pillarsacademy.org

- Emergency/ Medical Information
- Enrollment Contract

Copy of:

- Updated Immunization Record (if different from last year)

FOR OFFICE USE:
Enrollment Date: _____
Dis-enrollment Date: _____
Administrator’s Signature: _____

Pillars Academy School- EMERGENCY INFORMATION- FIELD TRIP RELEASE

- Re-Enrollment Please check one
 New Enrollment

Child's Name	Grade	Date of Birth	
Home Address	City	State	Zip
Home Phone Number	Home Email		
Mother's Name	Day Phone	Cell Phone/Pager	Email
Home Address	City	State	Zip
Father's Name	Day Phone	Cell Phone/Pager	Email
Home Address	City	State	Zip

EMERGENCY INFORMATION If parents are unavailable, my child may be released to:

Contact	Relationship	Phone
1. _____		()
2. _____		()
3. _____		()
4. _____		()

Pillars Academy School - MEDICAL INFORMATION

Authorized Doctor		Phone	
Authorized Dentist		Phone	
Authorized Hospital		Phone	
Insurance Carrier	Insurance Agent	Phone	
Insurance Address	City	State	Zip
Policy Number			
Please list ALL Allergies			
Please list ALL Injuries			
Please list All Medications			

Pillars Academy School - EMERGENCY INFORMATION- FIELD TRIP RELEASE

PLEASE READ THE DISCLOSURES BELOW AND PLACE INITIALS UPON CONSENT AND AGREEMENT OF THEM.

MEDICAL RELEASE

In the event of illness or accident of my child, any administrator or member of the faculty at Pillars Academy School Mission Viejo, in whose care my child has been entrusted, is authorized to: consent to any x-ray examination, medical or surgical diagnosis of said child, transport said child to any hospital. I consent to treatment and hospital care to be rendered to said child under general or special supervision and upon advice of a licensed physician and / or surgeon. **I hereby grant employees of Pillars Academy school permission to exercise the above rights and will not hold any staff member liable if and when they exercise consent.** _____

INITIAL

FIELD TRIP RELEASE

Pillars Academy School has my permission to take (student's name) _____, enrolled in grade (_____) on field trips during the school year. If my child should need medical attention at school or during any school sponsored event, reasonable effort will be made to contact me or another emergency designee prior to utilizing the medical authority granted in the Medical Authorization Form. Notification will be given prior to any scheduled field trips.

INITIAL

IMAGE RELEASE

I authorize the use of images of my child in videotapes, promotional mailing and advertisements for the school. _____
INITIAL

NAME, ADDRESS, and E-MAIL RELEASE

I authorize that my name and address be given to the Pillars PTO and Parent Directory Mailing list. _____
INITIAL

Parent Signature

Date

For Office Use Only

Date Submitted _____

Medical Notes _____

Fieldtrip Date _____

Fieldtrip Location _____



Volunteer Agreement

The Pillars Academy Board of Education recognizes that a child's education is a responsibility shared by the school and family during the entire period that child spends in school. To support the goal of the school and to educate all students effectively, the school and parents must work as knowledgeable partners.

Each family will have the opportunity to be involved with our school for the betterment of our programs. The areas of involvement are varied in an effort to fit our families' interest and time considerations.

Please name your first (1) and second (2) choices for involvement

- Classroom Volunteer
- Family Nights
- PTO Assistant
- Tutoring
- Bulletin Board Assistant
- Fieldtrip Assistant
- Guest Speaker
- Special Events Assistant
- Other _____
- Other _____

Parents working in a classroom are required to have a negative T.B. test on file.

I understand that I am making a commitment as a partner working with other parents at Pillars Academy in an effort to strengthen Pillars Academy kids, families and the community. Parent participation of (3) hours p/month per family is mandatory to keep tuition at \$ 655. There will be a \$ 30 monthly fee for families who decline participation. PTO incentive = 2 hrs. for every 1 hr. of service performed.

Let us work together to achieve the best for our children

Child's Name _____ Grade _____

Parent Name _____

Parent/Legal Guardian Signature

Date