INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

Application for Admission

Applicant's Name (Student #1) _____Grade_____

Applicant's Name (Student #2) _____Grade_____

Applicant's Name (Student #3) _____Grade_____

Apostolic. Compassionate. Transpiring. Serving.

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

Thank you for considering INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE for the educational future of your child. INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE will provide your child with a well-rounded, Christian education. We seriously take our honored responsibility to be a positive influence in all areas of life: spiritual, intellectual, physical, and social.

Enrollment Checklist (All Forms Must Be Turned In At Time of Enrollment)

GRADES 10-11

- ❑ Birth Certificate
- ❑ Florida Blue Card*
- ❑ Physical Form**
- ❑ Social Security Number
- ❑ Transcript
- ❑ Character Recommendation Form
- ❑ Educational Recommendation Form
- ❑ Student Pledge
- ❑ Internet Agreement
- ❑ Financial Agreement
- ❑ Disciplinary Profile

GRADES 5-9

- ❑ Birth Certificate
- ❑ Florida Blue Card*
- ❑ Physical Form**
- ❑ Social Security Number
- ❑ Report Card from previous 2 years
- ❑ Character Recommendation Form
- ❑ Educational Recommendation Form
- ❑ Student Pledge
- ❑ Internet Agreement
- ❑ Financial Agreement
- ❑ Disciplinary Profile

GRADES 1-4

- ❑ Birth Certificate
- ❑ Florida Blue Card*
- ❑ Physical Form**
- ❑ Social Security Number
- ❑ Report card from previous 2 years
- ❑ K5 report card for 1st grade
- ❑ Educational Recommendation Form
- ❑ Internet Agreement
- ❑ Financial Agreement
- ❑ Disciplinary Profile

GRADES K4-K5

- ❑ Birth Certificate
- ❑ Florida Blue Card*
- ❑ Physical Form**
- ❑ Social Security Number
- ❑ Parent Information Form
- ❑ Preschool Teacher Form
- ❑ Internet Agreement (K5 ONLY)
- ❑ Financial Agreement

*Blue Florida Certificate of Immunization (Form 680) – Florida Statute 232.032 requires a Florida Certificate of Immunization upon entrance to school: therefore, the school policy requires a Certificate of Immunization for all new students. These certificates may be obtained from a private doctor or the Hendry County Health Department (863-674-4041).

**Gold School Entry Health Exam (Form 3040) – Florida Statute 232.0315 requires a school entry health examination upon initial entrance to a Florida school completed within one (1) year prior to enrollment.

International Christian Academy is nondiscriminatory with regard to race, color, sex or national origin.

Application for Admission

	STUDENT #1	STUDENT #2	STUDENT #3
Legal Name (last):			
Legal Name (first):			
Legal Name (middle):			
Preferred Name:			
Child lives with:			
Male/Female:			
Grade applying for:			
Birth Date:			
Social Security Number:			
Citizenship (if other than U.S.):			
School last attended:			

Name of Siblings enrolled at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE?

Name(s): _____

Please check the appropriate boxes to designate each person's name that you want to have Parents Web information:

	FATHER	**MOTHER**
	☐ Correspondence ☐ Parents Web ☐ Financially Responsible ☐ Report Cards	☐ Correspondence ☐ Parents Web ☐ Financially Responsible ☐ Report Cards
Title/Name:		
Social Security No:		
Home Address:		
Phone No:	(H) _____ (C) _____	(H) _____ (C) _____
Employer:		
Position:		
Business Telephone:		
E-mail:		

If the student does not live with his biological parents, please, supply information of guardianship below.

(THE SCHOOL MUST HAVE A TRUE COPY OF THE CUSTODIAL AGREEMENT.)

	STEP-FATHER (or Guardian)	**STEP-MOTHER** (or Guardian)
	☐ Correspondence ☐ Parents Web ☐ Financially Responsible ☐ Report Cards	☐ Correspondence ☐ Parents Web ☐ Financially Responsible ☐ Report Cards
Title/Name:		
Social Security No:		
Home Address:		
Phone No:	(H) _____ (C) _____	(H) _____ (C) _____
Employer:		
Position:		
Business Telephone:		
E-mail:		

OFFICE USE ONLY: Check #_____ ☐ Cash ☐ Credit Card Amount: $_____

EMERGENCY INFORMATION

If the student is injured and we cannot reach you, who should we contact?

Name: _____ Phone: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____ Phone: _____

Relationship: _____

Student's Physician: _____ Phone: _____

Student/Family Insurance Company: _____

Policy Number: _____

Phone: _____ Other: _____

Any allergies?: _____

Any other medical information about your child?: _____

Any other information we need to know about the student in case of an emergency: _____

_____

Parent/Guardian Signature: _____ Date: _____

CHURCH INFORMATION

What church does the student attend? _____

What church do(es) the parent(s) attend? _____

Do both parents attend this church? ❑ Yes ❑ No Pastor's Name: _____

Church membership (where?): _____

Explain your involvement in church activities: _____

Tell us why you want your child to attend INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE:

_____

DEVELOPMENT INFORMATION

How did you hear about INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE?

❑ Friend	❑ Website	❑ Pastor	❑ Realtor
❑ School Bus	❑ Telephone Book	❑ Athletic Events	❑ Fine Arts Event
❑ FACEBOOK	❑ Billboard	❑ FDOE Website	❑ Other _____
❑ Word of mouth			

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

MUST BE COMPLETED BY ALL NEW STUDENTS, 5th-12th

Student Pledge

Students in grades 5-12 must sign a pledge that reflects their willingness to uphold specific Christian principles.

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE seeks a student body who is committed to fulfilling Colossians 3:17 "Whatsoever ye do in word or deed, do all in the name of the Lord Jesus..."

Each young person (grades 5-12) who desires to be a student at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE must read and sign this pledge. Parents are also required to read and sign this pledge to show their full support of its enforcement and acknowledge the sincerity of commitment in their son's or daughter's decision to attend INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.

As a student enrolled in INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE ...

1. I will seek to be diligent in upholding the standards of the school for myself and encourage my fellow students to do the same. I understand it is a privilege to attend INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE and my personal behavior is to be pleasing to God, both on and off campus.
2. I pledge to cooperate with, and show respect for, all authority placed over me. I also pledge to treat my fellow students with respect by refraining from words or actions considered to be demeaning or harassing. I will seek to be perceived by others as a kind person.
3. I understand attendance in Bible class and INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE chapel services are required of every student. I also understand regular attendance in a local church is expected.
4. I recognize the physical, social, and moral degradation associated with alcohol, tobacco, illegal drugs or substances, gambling, thievery, and witchcraft. I will refrain from any form of participation with the above items while a student at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE. If there is reasonable suspicion of drug or substance involvement, I agree to pay for a drug test at a INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE approved clinic.
5. I agree to abstain from any form of sexual activity while enrolled at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE. I understand that this includes any type of sexual relationship, which is against the Word of God.
6. I understand that the use of profane language, and the reading or possession of pornographic materials are against INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE standards and will not be tolerated.
7. I understand cheating is wrong and plagiarism is a form of cheating. I will do my own work and not allow others to use my work and turn it in as their own.
8. I will be honest in all my dealings with students, teachers, administrators, and other INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE personnel.
9. I agree to abide by the standards listed in this pledge and any additional standards stated in the Parent/Student Handbook. I understand the standards are for all INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE students and if I become aware of non-compliance on the part of any student, I have a responsibility to inform the administration.
10. I understand that failure on my part to comply with any of the standards of this pledge is grounds for dismissal from INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.

I HAVE READ AND UNDERSTAND THIS PLEDGE, AND UPON SIGNING BELOW, I AGREE TO ABIDE BY ITS STATEMENTS. I UNDERSTAND THAT IF ANY OF THE ABOVE STATEMENTS ARE VIOLATED, I CAN BE DISMISSED.

Child #1 Signature: _____ Date: _____

Child #2 Signature: _____ Date: _____

Child #3 Signature: _____ Date: _____

I HAVE READ AND HAVE DISCUSSED THE CONSEQUENCES OF VIOLATING THE STUDENT PLEDGE WITH MY CHILD(REN).

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

Parent Service Hours & Information and Procedures

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE has adopted a program requiring a parent to volunteer 10 hours per child, 20 hours maximum per family. All volunteer assignments must be pre-scheduled with a teacher/staff member prior to arriving. Parents may request a specific task or allow the office staff to identify a location in the school where service is needed.

Review the list below, check all that interest you. Complete the personal information. Forms need to be returned to the office. This form will be given to the appropriate person who will contact you as the need arises. Here are some ideas:

Around the Classroom

_____Helping with bulletin boards, room readiness and/or party set up and clean up

_____Chaperoning and/or assisting at special events and field trips

_____Taking photographs at school events for Facebook or etc.

_____Helping with before and after school duties

Fine Arts

_____Helping with musicals or special productions such as Christmas or Easter plays

_____Helping with production projects: Costumes, cleaning, building sets, and back stage parent during plays, publicity, sales/sponsorships, audio/video, food, props, set construction

_____Organize drama

Office and Clerical

_____Helping with mass mail outs

_____Assisting with secretarial needs: answering telephone, typing, filing, and etc.

_____Organizing parent volunteers

_____Organizing curriculum

Facilities and Maintenance

_____Cleaning school doors, windows, and cafeteria cleanup, or bathrooms, and etc.

_____Mowing or cleaning outside school grounds

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

MUST BE COMPLETED BY ALL NEW STUDENTS K5-12th

Student Internet Acceptable Use Policy And Code of Ethics Form

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE believes that the Internet has much to offer students with its wide variety of resources. It is our goal to educate students about efficient, ethical, and appropriate use of those resources. The Internet connection will be used to meet the goals of our curriculum. Specifically, students will have the opportunity to enhance their learning through:

1. A wealth of additional resources for reference and research.
2. Consulting with experts in a variety of fields.
3. Communicating with other students and individuals in areas or situations they are studying.
4. Learning to conduct searches, evaluate resources, and locate relevant material.
5. Interacting with up-to-date primary sources.

In order to assist students in learning to use the Internet correctly, the school will do everything it can to ensure that students access the resources appropriately. This includes providing:

1. Supervision of students while they are using the Internet.
2. Students will be given instruction about what is available on the Internet and how they can find what they are looking for through searches, how to save, and how to print. They will also receive proper instruction in citing sites and sources.
3. The student and parents' agreements to abide by the Internet policies of the school must be on file for the student to have Internet use. Expectations will be clearly spelled out, and students will be aware of what constitutes a violation.

Note: Occasionally, teachers will bring entire classes to a computer lab to use the Internet as one of many tools in the research process. No student will be allowed to use the Internet unless under the direct supervision of the teacher for specific research. (Example: sites with tobacco or alcohol would be censored, but a student doing a report on such a topic would be able to access appropriate materials with a teacher present.)

It is to be understood that Internet access for students is a privilege, not a right. All users of the Internet will agree to the following Code of Ethics:

I will strive to act in all situations with honesty, integrity, and respect for the rights of others and to help others to behave in a similar fashion. I will make a conscious effort to be a good testimony to my fellow students, faculty members, and others I communicate with on the Internet. I agree to follow INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE'S basic rules. I will strive to apply Philippians 4:8 to my electronic communication.

"Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable – if anything is excellent or praiseworthy - think about such things." Philippians 4:8

The Internet user is held responsible for his/her actions whenever using the Internet. Unacceptable uses of the network will result in the suspension or revoking of these privileges. Some examples of unacceptable use are:

1. Using the network for any illegal activity.
2. Using the network for financial gain or initiating any financial transactions.
3. Degrading or disrupting the equipment or system performance. Any security problems must be reported to the technology coordinator and not shared with other users.
4. Vandalizing the data of another user.
5. Wastefully using finite resources, after being warned and instructed as to proper use.
6. Gaining unauthorized access to resources, including attempting to get around the protection controls installed on a computer with Internet access.
7. Posting personal communications without the author's consent or posting information containing information not meant to be made public.
8. Posting rude or inappropriate messages and or bullying, nudity or provocative messages or pictures.
9. Downloading viruses or attempting to circumvent virus protection programs.
10. Violating the spirit of the INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE Mission Statement.

By signing the consent and waiver form attached, the student agrees to abide by these restrictions. The student and parent (or guardian) must sign after they have discussed these rights and responsibilities together. The Internet user and his/her parents must understand that he/she uses the Internet at his/her own risk. Considering the provisions mentioned above, INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE cannot assume responsibility for:

1. The reliability of the content of a source received by a user. Students must evaluate and cite sources appropriately.
2. Costs that the students incur if they request a product or service for a fee.
3. Any consequences of disruption in service that may result in lack of resources. Though every effort will be made to insure a reliable connection, there may be times when the Internet service is down or scheduled for use by teachers, classes, or other students.

STUDENT SECTION

I have read INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE's Internet Acceptable Use Policy and Code of Ethics. I agree to follow the rules contained in this policy. I understand that if I violate the rules, my privileges can be terminated and I may face other disciplinary measures. I agree to use the Internet according to the Code of Ethics.

Student User Name: _____ Grade: _____

Signature: _____ Date: _____

PARENT SECTION

If you would like your son or daughter to have access to the Internet, please sign the following waiver:

As a parent or legal guardian of the student signing above, I have read this Internet Acceptable Use Policy and Code of Ethics and grant permission for my son or daughter to access the Internet. I understand that the school's computing resources are designed for educational purposes. I also understand that there is unacceptable and controversial material on the Internet that might be accessed despite all the precautions. I understand that my son or daughter will be held liable for violations of this policy.

Parent Name: _____ Daytime Phone: _____

Parent Signature: _____ Date: _____

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

MUST BE COMPLETED BY ALL NEW STUDENTS, 1st-12th

Student Educational Recommendation Form

This form is to be filled out by student's current Principal, Counselor, and/or Teacher.

Student: _____ Grade applying for: _____

The above named student has made application to INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE. This information will be kept confidential.

Length of time you have known student _____

Length of time student has been enrolled in your school _____

List special education or remedial classes student has taken _____

_____

_____

List all discipline problems _____

List areas of success _____

Mark Attributes below:	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation			
Self Discipline			
Self Esteem			
Social Skills			
Respect for Authority			
Concern for Others			
Emotional Maturity			
Integrity			
Independence			
Leadership			
Creativity			
Sense of Humor			
Conduct			
Parental Support			

_____

Signature Title Date Phone

Organization Name _____ Organization Address _____

Please mail directly to: INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE, Attention: Admissions

233 Clark Street, LaBelle, FL 33935

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

MUST BE COMPLETED BY ALL NEW STUDENTS, 5th-12th

Student Character Recommendation Form

This form is to be filled out by a current Pastor, Mentor, Counselor and/or Leader unrelated to the student.

Student: _____ Grade applying for: _____

The above named student has made application to INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE. This information will be kept confidential.

Length of time you have known student _____

What has been your relationship with the student _____

List any unique characteristics about the student _____

List any strengths you see in this student _____

List areas of success _____

Mark Attributes below:	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Motivation			
Self Discipline			
Self Esteem			
Social Skills			
Respect for Authority			
Concern for Others			
Emotional Maturity			
Integrity			
Independence			
Leadership			
Creativity			
Sense of Humor			
Conduct			
Parental Support			

_____

Signature Title Date Phone

Organization Name _____ Organization Address _____

Please mail directly to: INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE, Attention: Admissions

233 Clark Street, LaBelle, FL 33935

PARENTAL COMMITMENT TO INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

In signing this application, we acknowledge

A. Our commitment to:
   1. Support the INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE Statement of Faith (see below).
   2. Support the Christian philosophy of education as taught at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.
   3. Accept teacher and administrative authority.
   4. Follow God's line of authority when differences of opinion exist, we will go first to the person with whom we have the problem. If not resolved, we will go with the individual to his/her supervisor (Matthew 18:15-17).
   5. Support the dress code and other policies of INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.
   6. Attend parent meetings and lend support to the programs at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.
   7. Volunteer time as outlined per school policy.
   8. Pay tuition, fines, or additional charges through a INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE chosen plan of payment. A Financial Agreement has to be signed in order for your child to be enrolled.

B. Withdrawals: If we voluntarily withdraw or are requested to withdraw from the school, we are responsible to pay tuition up to the end of the month that the student attended, realizing that fees for enrollment, electives, etc., are non-refundable after the initial day of school.

C. Final grades, credits and/or diplomas will be held until all accounts are paid in full.

D. Our student may participate in all school-sponsored activities. (List exceptions, if any).

E. We understand our student will be under a 9-week probation period.

Signatures of commitment (Note: if student lives with both parents/guardians, both parents/guardians must sign).

Father or legal guardian: _____ Date: _____

Mother or legal guardian: _____ Date: _____

STATEMENT OF FAITH

We believe:

- The Bible to be the inspired, the only infallible, authoritative word of God.
- There is one God, known as Father in creation, Son in redemption, and Holy Spirit in regeneration.
- In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His death and resurrection, in His ascension, and in His personal return to power and glory.
- That for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- In the resurrection of both, the saved and the lost, those that are saved unto the resurrection of life and those that are lost unto the resurrection of damnation.
- In the spiritual unity of believers in our Lord Jesus Christ and that the true church, with the Lord as their Savior, is the body of Christ.
- In the present ministry of the Holy Spirit, by whose indwelling, the Christian is enabled to live a Godly life.

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

Parent Permission/Release Form

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

PERMISSION

In signing this form, I give permission for my child(ren) to take part in all school activities, including sporting events, practices, and school sponsored trips from the school premises (except as specifically listed below). Further, in the event that my child(ren) becomes ill or is injured while under school supervision, I authorize school authorities to take the following steps: (a) contact a parent of the student and follow his/her instructions; (b) in the event neither can be reached, contact the student's physician and follow his/her instructions; (c) if the student's physician cannot be reached, contact a licensed practicing physician and follow his/her instructions. I **give my child permission to be transported to my home, or specified place, if I am unable to transport them.** This may include a staff member or volunteer.

Exceptions: _____

Release by Mother: _____ Date: _____

Release by Father: _____ Date: _____

We/I agree to release the School Board and any school employee from any and all liabilities in connection with these activities and instructions.

Release by Mother: _____ Date: _____

Release by Father: _____ Date: _____

We/I agree to release the School Board and any school employee from any and all liabilities in connection with photographing my student and including him in any form of advertisement. This includes web pages, Facebook, brochures, videos, ads, billboards, and yearbooks but is not exclusive to this list of items.

Release by Mother: _____ Date: _____

Release by Father: _____ Date: _____

We/I agree to uphold and support the high academic standards of the school by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments on time as instructed by the teaching staff.

Release by Mother: _____ Date: _____

Release by Father: _____ Date: _____

Please mail directly to: INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE, Attention: Admissions
233 Clark Street, LaBelle, FL 33935

INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE

MUST BE COMPLETED BY ALL NEW STUDENTS, 1st-12th

Student Records Release Form

Parents: Please complete this form including the complete address of previous school. Return the completed form to INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.

Student's Name: _____

Social Security Number: _____ - _____ - _____ Birth date: _____

Name of Previous School: _____

School's Mailing Address: _____

_____

Street/P.O. Box City State Zip

I give my permission for the release of the following records concerning my child to INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE.

Parent Signature: _____ Date: _____

For Office Use Only

Dear Records Administrator:

The student listed above has enrolled in grade _____ at INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE, as of _____

Please send the following information as soon as possible.

1. **Transcript** – listing all subjects taken, grades received, and credits earned, including summer school.
2. **Withdrawal Grades** – if any.
3. **Health Records.**
4. **Psychological reports, conduct record, local and national test scores.**
5. **Copy of Social Security Card.**
6. **Copy of Birth Certificate.**

Thank You! Your assistance is greatly appreciated.

_____

Signature of School Official

Please mail directly to: INTERNATIONAL CHRISTIAN ACADEMY OF LABELLE, Attention: Admissions

233 Clark Street, LaBelle, FL 33935

INTERNATIONAL CHRISTIAN ACADEMY
CLINIC/TRIAGE CARD

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

STUDENT	*Current Grade*	*Date of Birth*
Last Name	*First Name*	*Middle*
Street Address		
City	*Zip*	*Home #*

PARENTS/GUARDIANS	
Name	*Name*
Relationship	*Relationship*
Address	*Address*
Cell #	*Cell #*
Work #	*Work #*
Email	*Email*

OTHER CONTACTS	**In the event the student's guardian(s) cannot be reached, who should the school call in an emergency and allow to check out the student?**	
Name	*Name*	*Name*
Phone #	*Phone #*	*Phone #*
Relationship	*Relationship*	*Relationship*

MEDICAL HISTORY OR PROBLEMS

Please mark an X in the boxes below to indicate if your student has had any of the symptoms listed.

YES	NO		YES	NO	
		Diabetes			ADD/ADHD
		Seizures (Last Seizure __/__/__)			Asthma: Uses an inhaler (Last Episode __/__/__)
		Heart Condition			Chemical Sensitivity
		Allergies – Describe			Epi Pen
		Medications currently prescribed:			
		Other; Please describe			

PRIMARY PHYSICIAN	
Name	*Phone #*

DENTIST	
Name	*Phone #*

MEDICAL RELEASE STATEMENT

All information on this card is accurate and correct. I hereby authorize International Christian Academy to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached. I understand that International Christian Academy does not provide medical insurance for students. I understand that parents are required to provide medical insurance for their children. I will assume full responsibility for charges related to the above.

Parent / Guardian Signature	*Date*

NOTICE AND RELEASE

International Christian Academy of LaBelle is hereby providing notice to me that it intends to open or reopen its educational/school program for students. I/we understand that **International Christian Academy of LaBelle** cannot protect my child/student and/or me from risks which may be encountered as a result of my child attending the preschool and/or school program. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with participation in the school providing this program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable

In consideration of myself and my child/student participating in the preschool and/or afterschool program provided by **International Christian Academy of LaBelle**, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge **International Christian Academy of LaBelle**, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the preschool and/or school program, including any medical expenses, injury and/or death.

I agree to indemnify **International Christian Academy of LaBelle**, its owner, officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program, whether caused by negligence of **International Christian Academy of LaBelle** or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Florida.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Waiver of Liability Relating: Coronavirus/COVID-19

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several weeks. **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** has put precautions in place to reduce the spread of COVID-19; however, the **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** cannot guarantee that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in church, school or any of their activities, and the fact that many infected individuals appear to be asymptomatic, attending this activity could increase your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending school or church or any activity involved therein, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at school or church or any activity involved therein may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Ministry employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the school or church or any activity involved therein, ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the **International Christian Fellowship of LaBelle**, doing business as **International Christian Academy of LaBelle,** its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Ministry, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Participant(s) Child or children's names