

# FAMILY APPLICATION



## HARVEST CHRISTIAN ACADEMY WHERE GROWTH HAPPENS

3720 Birch Street  
Baker City, OR 97814  
541-523-4233

### The Application Process

- ❖ An information packet is given to you from our office with includes:
  - Family Application**
  - School Handbook**
  - Brochure**
  - Pastoral Recommendation Form**
  
- ❖ Your family fills out the Family Application and returns to the office
  
- ❖ You need to have your pastor fill out the **Pastoral Recommendation Form**. They will send the form directly to us.
  
- ❖ Upon approval of the **Family Application** and **Pastoral Recommendation Form**, we will call you to schedule an interview. We will let you know if there is a waiting list. If this is the case you will be placed on the waiting list and called for an interview when a position opens up.
  
- ❖ At the interview you will meet the **Pastor** and **Administrative Team**, learn about our program, and get answers to any questions you may have.
  
- ❖ After a mutual decision has been made to enroll into our program, financial arrangements will be made and a registration form will need to be filled out for each student. To hold the student's spot in the classroom, the enrollment fee will need to be paid as soon as possible.

# FAMILY APPLICATION

**Father** (or Guardian) Name: \_\_\_\_\_

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

Contact:      Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_  
                  Email: \_\_\_\_\_

Employment: \_\_\_\_\_

If divorced?    Legal Custody Status? \_\_\_\_\_

**Mother** (or Guardian) Name: \_\_\_\_\_

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

Contact:      Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_  
                  Email \_\_\_\_\_

Employment \_\_\_\_\_

If divorced?    Legal Custody Status? \_\_\_\_\_

## INFORMATION ABOUT CHURCH FAITH

What church does the family attend? \_\_\_\_\_

Pastor's Name? \_\_\_\_\_

Does father profess faith in Christ? \_\_\_\_\_ Does Mother profess faith in Christ? \_\_\_\_\_

CHILDREN WHO YOU ARE ENROLLING IN HCA		
Name (First, Middle, Last)	Birthdate	Grade Starting in Sept

# PARENT QUESTIONNAIRE

**Our beliefs about Jesus are:**

**Describe your involvement with your local church/service you attend**

**Reasons for choosing Harvest Christian Academy:**

**Has your child(ren) ever used tobacco or illegal drugs? (if yes, please explain)**

**Has your child(ren) ever been in trouble with the law? (if yes, please explain)**

**Has your child(ren) ever been suspended or expelled from any public or private school?  
(if yes, please explain)**

# STUDENT QUESTIONNAIRE (for students 12 years and older)

**Do you want to attend Harvest Christian Academy? Why?**

**My beliefs about Jesus Christ are:**

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*Parent (Guardian) Signature*

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*Date*

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*Parent (Guardian) Signature*

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*Date*

# HARVEST CHRISTIAN ACADEMY

WHERE GROWTH HAPPENS

3720 Birch Street, Baker City, OR 97814 541-523-4233

## PASTORAL RECOMMENDATION FORM

### TO BE FILLED OUT BY APPLICANT:

NAME OF APPLICANT	STUDENTS APPLYING FOR ENROLLMENT IN HCA

Greetings Pastor:

Thank you for taking the time to fill out this reference form. The above applicant is applying for enrollment into our school program. Along with educating 3yr old -12<sup>th</sup> grade students, we are a 100% discipleship program. We are fully committed to helping today's youth develop a solid foundation in their relationship with Christ—enabling them to stand firm in today's increasingly antichristian worldview environment. Our mission is to raise up confident Christian Leaders in partnership with families who are in-line with the mission. We feel it is important that home, church, and school are all in accord, working together towards this endeavor. We are not a reform school for troubled students. While this is a worthy ministry, we have found that combining this ministry with our discipleship focus has been self-defeating. As a result, we have adopted a screening process for acceptance into our program. Your input is valued and will be taken into consideration as we prayerfully consider each applicant.

Thank you for your time as we partner in Christ, *Pastor Brad Phillips*  
**Please send this form directly to our school to the address noted above.**

## TO BE FILLED OUT BY PASTOR

Person filling out Reference: \_\_\_\_\_

How well do you know this family?     **1** (*being not at all*)   **2** (*Acquaintance*)   **3** (*Really well*)

Degree of involvement/attendance:   **1** (*Rarely see*)   **2** (*Faithfully Attend*)   **3** (*Very involved*)

Financially responsible? (*circle one*)   **Not Sure**     **Have Reservations**     **No issues**

Comments:

Would recommend these student(s) to attend our program based on our mission to raise up confident Christian Leaders? (*circle one*)

Not sure

Yes, I recommend

No (Please explain) \_\_\_\_\_

Yes, but with reservations (explain) \_\_\_\_\_