



Phone: 770-864-9001

266 Main Street, NW

Lilburn, GA 30047

www.choicepreparatoryacademy.com

admin@choicepreparatoryacademy.com

C.H.O.I.C.E Preparatory Academy Enrollment Contract

Student Information

Student Name _____ Today's Date _____

Grade Applying for: _____ DOB _____ SSN: _____

Race/Orgin: _____ M _____ F _____

Address: _____ City _____ Zip _____

Home Phone: _____ Student Phone: _____

Student's e-mail: _____

Last school attended: _____

Family Information

Father/Legal Guardian Name: _____

Mother/Legal Guardian Name: _____

Mailing Address if different than the
student: _____

Mailing Address if different than the
student: _____

City _____ Zip _____

Use this address for correspondence

Yes _____ No _____

City _____ Zip _____

Use this address for correspondence

Yes _____ No _____

Home Phone: _____

Cell: _____

Occupation: _____

Place of employment: _____

Work Phone: _____

Home Phone: _____

Cell: _____

Occupation: _____

Place of employment: _____

Work Phone: _____



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C.H.O.I.C.E Preparatory Academy Health Form

Please fill out this form as thoroughly as possible. The health form is kept confidential and is only used in emergencies.

Student Information:

Name: _____
Birthdate: _____ Age: _____ Gender ☐ Male ☐ Female
Home Address: _____ zip _____
Home Phone _____
The child lives with: _____ mother _____ father _____ other _____

1st Parent/Legal Guardian Information:

Name _____
Relationship: _____
Day Phone: _____ cell _____ work _____ home _____
Alternate # _____ e-mail: _____
Address if different from above: _____
Employer: _____ Position: _____

2nd Parent/Legal Guardian Information:

Name _____
Relationship: _____
Day Phone: _____ cell _____ work _____ home _____
Alternate # _____ e-mail: _____
Address if different from above: _____
Employer: _____ Position: _____

Emergency contact: _____ Phone: _____

Should an emergency occur, Eastside or Gwinnett Medical will be the hospital where the child is taken.



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Medical Information

Family Physician: _____ Phone: _____

Does the student need to take medication? ___Yes ___No If so, what medication?

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

General Health:

If your child has special needs or medical conditions, please explain what accommodations should be provided by C.H.O.I.C.E Preparatory Academy to allow a fair evaluation for your student for admission.

Allergies: _____ Yes _____ No

List: _____

List of Medications taking: _____

Is your child able to take Benadryl? ☐ Yes ☐ No

Child Development:

At what age did your child _____?

Start speaking words? _____ Sentences? _____ Reading? _____

Describe your child's personality:



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OT/PT/Speech, Educational or Psychological Evaluations:

Please provide a copy of all educational or other evaluations so that we can better serve the educational needs of your child.)

Brothers and Sisters:

Name: _____ Age _____ School attending _____
Name: _____ Age _____ School attending _____
Name: _____ Age _____ School attending _____

Other Adults:

Are there any other adults in the household where the child lives _____ yes _____ no?

Relationship to child:

Comments/Concerns/Additional information:



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C.H.O.I.C.E Preparatory Academy Field Trip Permission and Consent Form

Field Trip Permission:

- I hereby request that _____ be allowed to participate in all field trips organized by C.H.O.I.C.E Preparatory Academy. I understand that transportation may or may not be provided by the C.H.O.I.C.E Preparatory Academy School. In the event transportation is not provided by the school, transportation will be the parent's responsibility.
- Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, should be given in writing to the parents at least two (2) weeks prior to any field trip.
- If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor taking, arranging for or consent to the procedures or treatment in his/her or their discretion.
- I agree to release, indemnify, hold harmless or expect reimbursement from C.H.O.I.C.E Preparatory Academy, Inc., its owner, Board of Directors, its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors from any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs, and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the student named above, the student or any other successor or assignee may have or may allege to have against C.H.O.I.C.E Preparatory Academy, Inc. or which may be brought against C.H.O.I.C.E Preparatory Academy arising out of or in any manner related to the student's participation in the field trip, including but not limited any losses, damages or injuries or the rendering of emergency medical procedures or treatment.

Parent/Guardian signature _____ Date _____

Printed Parent/Guardian Name: _____



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Alternate Pickup Person: We will be checking I.D.

Name _____

Relationship to child _____ Address _____

Phone _____

Photo/media release:

I hereby give permission for my student _____ to be photographed and or videoed by C.H.O.I.C.E Preparatory Academy throughout the school year. I understand the photos/video will be used for presentations or reports for our donors, promotional purposes including flyers, newspapers, and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of the C.H.O.I.C.E Preparatory Academy academic program.

Parent/Guardian signature _____ Date _____

Printed Parent/Guardian Name: _____

Transportation Release:

I hereby give permission for the transportation of my child for official school activities by modes of transportation agreed to by the C.H.O.I.C.E Preparatory Academy field trip organizers.

Parent/Guardian Initials: _____

Lost/Stolen Items:

C.H.O.I.C.E Preparatory Academy or its organizers are not responsible for any lost or damaged personal property, while at the C.P.A center, authorized events, field trips or activities.

Parent/Guardian signature _____ Date _____

Printed Parent/Guardian Name: _____

I understand all authorizations outlined in this application and agree to them. I have read and understood the Parent/Student Handbook and will endeavor to support C.H.O.I.C.E Preparatory Academy through active involvement in my child's education, school activities, and support of the school policies on and off the campus. I understand that my



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failure to do so may result in my child not being permitted to re-enroll, or in extreme cases, be grounds for dismissal from the school. This agreement shall remain in effect for as long as I have children enrolled at C.H.O.I.C.E Preparatory Academy.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date



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C.H.O.I.C.E Preparatory Academy Wavier of Liability Form

Given the COVID-19 environment, the C.H.O.I.C.E. Preparatory Academy is requiring all students participating in the 2020-2021 school year to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection. Parent(s) or guardians must acknowledge the following statements to participate in summer programming at C.H.O.I.C.E. Preparatory Academy.

Any activities and programs offered by C.H.O.I.C.E. Preparatory Academy, on-site, will be using this waiver. If your student is involved in more than one program, you need only complete the form once.

PLEASE INITIAL NEXT TO EACH STATEMENT.

I am providing the following information on behalf of _____
(student name)

____ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to immediately notify C.H.O.I.C.E. Preparatory Academy staff and keep my student at home for 14 days and continue with virtual learning.

____ My student is not currently experiencing a fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache. At any point in the future, if my student has any of these symptoms, I will notify C.H.O.I.C.E. Preparatory Academy staff immediately. I agree to not allow my student to participate in any educational programming with these symptoms and will wait fourteen (14) days after symptoms have subsided.

I agree to continue to adhere to the above safety guidelines as long as my student participates in the C.H.O.I.C.E. Preparatory Academy programs.



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IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR STUDENT PRIOR TO ATTENDING C.H.O.I.C.E. Preparatory Academy, FOR SYMPTOMS OF COVID-19. C.H.O.I.C.E. Preparatory Academy STAFF WILL MONITOR STUDENTS DURING PROGRAMMING FOR SYMPTOMS.

Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

By signing this agreement, 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 by attending C.H.O.I.C.E. Preparatory Academy programming and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at C.H.O.I.C.E. Preparatory Academy programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to, C.H.O.I.C.E. Preparatory Academy employees, contractors, volunteers, and program 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 C.H.O.I.C.E. Preparatory Academy or participation in C.H.O.I.C.E. Preparatory Academy programming ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless C.H.O.I.C.E. Preparatory Academy, 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 C.H.O.I.C.E. Preparatory Academy, its employees, contractors, agents, and



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representatives, whether a COVID-19 infection occurs before, during, or after participation in any C.H.O.I.C.E. Preparatory Academy programs.

Please fill out this form separately for each student you have participating in our programs.

Student Name_____

Parent Name_____

Address_____

Student Email_____ Parent Email_____

Student Phone_____ Parent Phone_____

Student Date of Birth_____ Grade (for 2020/2021) _____

Parent Signature_____ Date_____