

**Happy Hollow Christian Academy**  
**Childcare Enrollment 2020**  
**Student Information**

Application Received date \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade to Enter \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Family Information**

Mother's Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Email (required) \_\_\_\_\_  
Phone number \_\_\_\_\_ Legal Guardian YES NO  
Current or Most Recent Employment \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Phone number of Employer \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Email (required) \_\_\_\_\_  
Phone number \_\_\_\_\_ Legal Guardian YES NO  
Current or Most Recent Employment \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Phone number of Employer \_\_\_\_\_

The child lives with \_\_\_\_ Mother & Father \_\_\_\_ Mother only \_\_\_\_ Father only  
\_\_\_\_ Other \_\_\_\_\_

If Divorced or Separated who has custody of the child(ren)? \_\_\_\_\_  
\*Custody/Court orders are required upon admittance \_\_\_\_\_ Received by school

**Emergency Contact and Authorized Pickup**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Student Profile**

Last School Attended \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Reason the student left the school \_\_\_\_\_  
Principal Name \_\_\_\_\_ Teacher’s Name \_\_\_\_\_

**Family Information**

List all the children in your family (name & age)

\_\_\_\_\_

What expectations do you have of our school as a Christian school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information-** Please indicate who will be responsible for the tuition and billing

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (cell) \_\_\_\_\_ Phone (home) \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Please check preferred payment option:

Weekly  
 Monthly

I understand that failure to meet the financial terms and obligations may result in my child being withdrawn from the school. I understand that full tuition is expected for the school year by signing this agreement. I understand that all fees are nonrefundable, and fees are due upon withdrawal of the program unless discussed and arranged with the Director in advance.

\_\_\_\_\_  
Parent/Guardian Signature Date

## Medical Information

Name of Physician \_\_\_\_\_ Phone number \_\_\_\_\_

My child has the following special needs

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The following special accommodations may be required to most effectively meet my child's needs while at school:

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My child is currently on the following medication: \_\_\_\_\_

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My child has the following pre-existing illnesses, allergies or health concerns: \_\_\_\_\_

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### EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ suffer from any injury or illness while at Happy Hollow Christian Academy, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I shall assume responsibility for payment of services.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Agreements

Happy Hollow Christian Academy agrees to provide high quality care and education for

\_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(child's name) (days of the week)

### **The center will provide the following meals:**

Breakfast

Lunch

Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Happy Hollow Christian Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

**I have received a copy and agree to abide by the policies and procedures for Happy Hollow Christian Academy.**

I understand that the facility will advise me of my child's progress and issues relating to my child's care and education as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

I understand that it is my responsibility to make every effort to keep the financial status of my child(ren) current and not delinquent. At any time, an account is delinquent by 30 days, the family will be notified and then delinquency must be corrected within 10 days or the status of the student will be withdrawn.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian's Notice of No Liability Insurance and Acknowledgement

I understand that I am being informed in writing by signing this acknowledgement that Happy Hollow Christian Academy does not carry liability insurance sufficient to protect my children in the even of an injury, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization to Dispense External Preparations

590-1-1-20(1)

Parental authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; time of day to be dispensed; and signature of parent. I give Happy Hollow Christian Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_ Baby Wipes

\_\_\_ Band-Aids

\_\_\_ Neosporin

\_\_\_ Bactine (or other similar ointment)

\_\_\_ Sunscreen

\_\_\_ Insect Repellent

\_\_\_ Non-Prescription Ointment (such as A&D, Destin, Vaseline)

\_\_\_ Other (please specify): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Happy Hollow Christian Academy

## Tuition and Fee Schedule 2020

Tuition Rates	Weekly Tuition
Registration Fee for Childcare	\$50 (\$25 for siblings)
Infant/Toddler (6 weeks-2 yr. old)	\$125.00
Preschool (3 yr. old)	\$115.00
Daily Drop-In	\$30.00

### Explanation of Payment Options:

- Payments can be made using checks, cash, money order, credit card or automatic bank withdrawal.
- Weekly Tuition is due every Monday.
- Additional child discounts of 10% for families with more than one child attending full time.
- All accounts should remain current. Families are encouraged to communicate with the Director when their account is approaching delinquency. The School Board reserves the right to withdraw a child if any account becomes delinquent. All delinquent accounts will be subject to legal action.
- Any family who signs up for weekly care will be expected to pay the weekly amount each week no matter how many days the child comes. A family who signs up for daily care will pay for days the child attends each week.

By signing this form, you agree to the financial agreements listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Student Photo Release**

Yes, you have my permission to use my child's photo and first name. This includes our school Facebook page.

No, I am not granting permission to use my child's photo.

## **Community Awareness/Public Relations**

As we participate in our community, we have opportunities to provide photos of our students in newsworthy events. Photos and full names may be used in the local newspaper, school promotions, school brochures and fliers, and may be posted throughout the school building.

Yes, you have my permission to use my child's photo and full name.

No, I am not granting permission to use my child's photo for community awareness or public relation events.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Medical Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to Notify in an emergency and parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facility the center uses: Coliseum Medical Center

Address: 350 Hospital Drive Macon, Ga 31217

Child's Allergies: \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_

Child's Special Needs and Conditions: \_\_\_\_\_

In the event of an emergency involving my child, and if Happy Hollow Christian Academy cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_

Witness By: \_\_\_\_\_ Date: \_\_\_\_\_



## **Registration Requirements (6 weeks – 3 years old)**

1. Enrollment Packet
2. Registration Fee \$50 (\$25 for additional siblings)
3. Ear, Eye, and Dental Form #3300 – ONLY FOR 3 AND OLDER
4. Current Immunization Form #3231