



Happy Hollow Christian Academy

Happy Hollow Christian Academy Childcare Enrollment 2022-2023

Application Received date _____

Student Information

Student Name _____ Date of Birth ____/____/____
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 _____

What church, if any, are you currently attending? _____

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 _____

Name _____ Relationship _____
Address _____
Phone _____

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**
350 Hospital Drive Macon, Ga 31217

Child's Allergies: _____

Current Prescribed Medication: _____

Child's Special Needs or Chronic Health Conditions: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency involving my child, and if Happy Hollow Christian Academy cannot get it 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): _____

Director 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. 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 Sunscreen
 Band-Aids Insect Repellant
 Neosporin Non-Prescription Ointment (such as A&D, Destin, Vaseline)
 Bactine (or similar ointment)
 Other (please specify): _____

Medication Administration

If your child has a prescribed medication to be given, written authorization must be on file.

No OTC (over the counter medications) will be given without a doctor's order/prescription unless listed and checked in the above authorization for external preparations. Authorization for Medication forms are available online and at our facility. The following must be filled out or medication will not be administered: name of child; name of medication; prescription number; with dosages; date and time of day medication is to be given and parent signature. Medicine must be in the original container with the child's name marked on it.

Student Profile

Last Facility Attended _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Reason the student left the facility? _____

Family Information

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

What expectations do you have of our facility as a Christian based learning environment?

Student Photo Release

- I, _____ hereby grant Happy Hollow Christian Academy permission to use image or videos of my child in any of its publications, social media platforms, website, and promotional materials.
- I, _____ **DO NOT** grant permission to use my child's photo for any purpose at this time.

Community Awareness/Public Relations

As we participate in our community, we have opportunities to prove 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/full name for community awareness or public relation events. Child's Name: (As you would like for it to appear) _____

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

I understand that my signature confirms the accuracy of the choices and statements above concerning permission for student photo release and public relations material.

Parent/Guardian Signature: _____

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

Name _____ Relation to child _____
Address _____ City _____ State _____ Zip _____
Phone (cell) _____ Phone (home) _____

Please check preferred payment option: Weekly Monthly

HHCA Tuition and Fee Schedule 2022-2023

Tuition Rates	Weekly Tuition
Registration Fee for Childcare	\$75 (\$25 for siblings)
Infant/Toddler (6 weeks-2 yr. old)	\$135.00 weekly
Preschool (3/4 yr. old)	\$125.00 weekly
Daily Drop-In/ Part Time	\$30.00 per day

Payment Policy and Agreement:

- Payments can be made using checks, cash, money order, credit card or automatic bank withdrawal.
- Weekly Tuition is due every Monday.
- For families with more than one child attending full time there will be a \$15 discount on the highest rate.
- 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.
- Childcare spots are subject to availability. The number of students is based on staffing ratios. In the event that there is a waiting list for a class spot, current part time and drop-in families will be given the opportunity to secure care by taking the full time position and moving to a full time rate. In the event that they deny the full time spot, it will be offered in order of waitlist inquiry.
- 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.

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

Parent/Guardian Signature: _____ Date: _____

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

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (Print Name): _____ 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

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: _____

Director's Signature: _____ Date: _____