



PreK-5th Enrollment 2022-2023

**Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 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) \_\_\_\_\_ 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? \_\_\_\_\_

\*Custody/Court orders are required upon admittance \_\_\_\_\_ Received by school

**Emergency Contact and Authorized Pickup (Other than Parents)**

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

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 \_\_\_\_\_

Does the applicant have any physical limitations or learning disabilities?

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

Does the applicant receive any type of special services (IEP/504)?

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

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

Afternoon Snack

(lunch is provided for all school age children during summer break)

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 childcare 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.

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

## Happy Hollow Christian Academy Tuition and Fee Schedule 2022-2023

Annual Fees	
Registration and Curriculum Fee Pre-K through 5th grade	\$300.00 (due with application)
Tuition Rates	
Pre-Kindergarten-5th	<p>\$70 weekly (43 weeks) = \$3,010 annually</p> <p>Year paid in <b>FULL</b> upfront = \$2860</p> <p><b>Must choose to enroll in Auto-draft to receive discounted rate:</b></p> <ul style="list-style-type: none"> <li>Weekly Payments during the school year \$70 weekly (42 weeks) = \$2940 yearly (This option provides one free week - <b>\$70</b>)</li> <li>Weekly Payments for a 12-month year (June '22- June '23) \$55 weekly (52 weeks) = \$2860 yearly (This option provides a <b>\$150</b> discount)</li> </ul> <p><b>25% Discount</b> on <b>each additional child</b> in a family</p>
Pre-Kindergarten-5th Afterschool (4-6pm)	\$20 weekly flat rate (\$800 annually)
Non-HHCA Students	
Before/After School	\$60.00 weekly
Holiday Week (Christmas Break, Spring Break)	\$110.00 weekly
Early Release Days for School Age	\$10.00 additional per day
Daily Drop-In During Summer	\$30.00 daily

### Explanation of Payment Options:

- Payments can be made using checks, cash, money order, credit card or automatic bank withdrawal.
- You may choose to pay your tuition weekly, monthly, or annually. Weekly payments are due Friday of each week.
- All accounts should remain current. Families are encouraged to communicate with the Director when their account is approaching delinquency which is defined as \$300. 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 child who stays past 4:00 p.m. will be charged our flat \$20 afterschool rate.

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

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

Please check your payment option:

- \_\_\_ Weekly
- \_\_\_ Pay in Full
- \_\_\_ Autodraft Weekly during school year (\$70 weekly over 42 weeks)
- \_\_\_ Autodraft Weekly over 12 months (June '22 -June '23) (\$55 weekly over 52 weeks)

I understand that failure to meet the financial terms and obligations stated above 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 unless discussed and arranged with the Director in advance. In the event that I wish to withdraw my child before a semester's completion, I understand that I will be responsible for the payment of that semester's full tuition cost, \$1,505 .

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

**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.

Signature of legal parent or guardian: \_\_\_\_\_

I, \_\_\_\_\_ **DO NOT** grant permission to use my child's photo for any purpose at this time.

Signature of legal parent or guardian: \_\_\_\_\_

**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 and full name for community awareness or public relation events.

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

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

## Emergency Medical Information

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

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

Allergies: \_\_\_\_\_

Special Needs or chronic health conditions: \_\_\_\_\_

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

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

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

Work 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**

### 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: \_\_\_\_\_

## 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.

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; along dosages; date and time of day medication is to be given. Medicine must be in the original container with the child's name marked on it.

## 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 event of an injury, etc.

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

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

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

## **Registration Requirements Checklist for Pre-K through 5th Grade**

- 1. Enrollment Packet**
- 2. Registration and Curriculum Fee \$250 Annually**
- 3. Ear, Eye, and Dental Form #3300 (Pre-K, Kindergarten)**
- 4. Current Immunization Form #3231**
- 5. Certified Copy of Birth Certificate**
- 6. Scholarship Application (if desired and available upon request)**
- 7. Copy of Child's Social Security Card**