



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 | \$250.00 (due with application) |
| Tuition Rates | |
| Pre-Kindergarten-5th | \$70 weekly (spanning 40 weeks) or \$2,800 annually |
| Pre-Kindergarten-5th Afterschool (3:00-6:00) | \$5 daily or \$20 weekly (\$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 done by Friday of each week.
- 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.
- Pre-K through 5th grade will be expected to pay \$70 for each week during the school academic calendar with the exception of the weeks of Thanksgiving, Christmas, and Spring Break which will not be billed. Any child who stays past 3:00 p.m. will be charged afterschool rates.

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 preferred payment option:

___ Weekly
 ___ Annually

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. In the event that my child must withdraw before a semester's completion, I understand that I will be responsible for the payment of the full semester's tuition, \$1,400 or \$2,800 respectively.

 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: _____

Parent/Guardian Signature: _____

Date: _____

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**