but those who trust in the Lord will renew their strength; they will soar on wings like eagles; they will run and not become weary, they will walk and not faint. Isaiah 40:31
Hillcrest Baptist School
Application for K3, K4 and/or Extended Care

Student’s Name___________________________________________________________________________

Last First Middle

Birthdate______________   SS#______________   Race______________   Sex___________    Age______

**Please attach a copy of social security card for each child enrolled.

Child’s Living Arrangements ( ) Father ( ) Mother ( ) Both
Child’s Legal Guardian(s) ( ) Father ( ) Mother ( ) Both

**Father’s Information

Father’s Cell Phone (____) ______________________

Father’s Home Phone (____) ______________________

Father’s Work Phone (____) ______________________

Father’s Name_________________________________Social Security#_____________________________

Address __________________________________________________________________________________

Street City State Zip

Father’s Place of Employment _________________________________________________________________

Address __________________________________________________________________________________

Street City State Zip

**Mother’s Information

Mother’s Cell Phone (____) ______________________

Mother’s Home Phone (____) ______________________

Mother’s Work Phone (____) ______________________

Mother’s Name_________________________________Social Security#_____________________________

Address __________________________________________________________________________________

Street City State Zip

Mother’s Place of Employment _________________________________________________________________

Address __________________________________________________________________________________

Street City State Zip

If neither the father nor the mother can be reached and emergency treatment for illness or injury is necessary, please give us names to contact:

Name_________________________________ Relationship _________ Phone (____) ______________________

Name_________________________________ Relationship _________ Phone (____) ______________________

Please list all persons in addition to those listed above to whom we have permission to release your child:

Name_________________________ Address__________________________ _______________________________

The child may be released to the person(s) signing this agreement and to the following:

(WE MUST HAVE COMPLETE ADDRESS FOR EACH LISTED)
Name of public or private school child currently attends, if any: ________________________________

**EXTENDED CARE NEEDED:**

( ) AM only ( ) PM only ( ) Both AM & PM

- 6:45-8:00
- 3:00-5:45

**Child’s Medical Information:**

Name of Student’s Doctor_______________________________ Phone (_____) ______________________

Primary Health Care _________________________________

My child has the following special need(s):

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

The following special accommodation(s) may be required to most effectively meet my child’s needs while at this center:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

**THIS REGISTRATION FORM, WHEN COMPLETED, IS A STATEMENT OF THE PARENT’S ACCEPTANCE OF OUR ACTIONS TO CARE FOR THE SAFETY OF STUDENT(S) THROUGH OUR AGREEMENT WITH UNIVERSITY HOSPITAL FOR ALL EMERGENCY CARE AND TRANSPORTATION IF NONE OF THOSE LISTED ABOVE CAN BE CONTACTED AND EMERGENCY TREATMENT IS REQUIRED DUE TO ACCIDENT OR ILLNESS.**

Signature (Parent/Guardian)_______________________________ Date ____________
Parental Agreement with Child Care Facility

1) The Hillcrest Baptist Church School agrees to provide day care for

_________________________________________________________ on ______________________________________________________

My child will participate in the following meal plan

Morning snack ( ) Lunch ( ) Afternoon snack ( )

2) Before any medication is dispensed to my child, I will provide a written authorization on the pink form provided by the office, which includes: date, name of child, name of medication, prescription number, if any; dosage, 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.

3) 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.

4) 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 and immunization records, etc.

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

6) The Hillcrest Baptist Church School 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.

7) I have received a copy and agree to abide by the policies and procedures for Hillcrest Baptist Church School.

8) We (I) promise to pay promptly to the Hillcrest Baptist Church School the tuition and other fees established by the School Committee.

Signed ___________________________ Date _____________
Parent/ Guardian

Signed ___________________________ Date _____________
Facility Administration/ Person-In-Charge