



Application for Enrollment

2019-2020



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

3045 Deans Bridge Rd.
Augusta, GA 30906

Dr. Billy Duggan

Principal



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 Child's Legal Guardian(s)

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 _____
Name Child is Called By Days of Week

_____ AM to _____ PM from _____ to _____
Month Month

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