



## 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

# Registration Guidelines

“Where Christian values and quality education connect”

Dear Parents,

Thank you for choosing Hillcrest Baptist School for your child's education. Our faculty and staff are committed to providing opportunities for our students "to do justly, to love mercy, and to walk humbly with our God" (Micah 6:8) while they are gaining knowledge and experience based on the Abeka and Ignitia, curriculum for a Georgia standards of education. It is our goal to send each child to the next grade level and then on to high school with a strong Christian and educational foundation.

This registration packet will provide the answers to many of your questions. If you would like additional information, our office staff is happy to assist.

Sincerely,  
HBS Faculty and Staff

## ***Hillcrest Baptist School Application for Enrollment***

3045 Deans Bridge Road  
Augusta GA, 30906  
706-798-5600

### ***Steps for Enrolling in Hillcrest Baptist School***

#### ***1) Complete forms in admissions packet***

#### ***2) Make an appointment to meet with the principal.***

If you are registering a child for K3, K4, K5 or 1st grade, please check to see if you will need to set up a time for a screening.

#### ***Bring with you the following:***

- Completed application
- Previous year's report card and standardized test scores (grades 2-8)
- Copy of child's social security card
- Copy of certified birth certificate
- Form 3231
- Eye, Ear and Dental Form 3300
- Discipline record from previous school

#### ***3) Fee Payments:***

- Registration fee and enrollment fees are due upon registration.
- Curriculum fee must be paid no later than June 28th
- Tuition, extended care fees, and lunch fees are due on the first of each month

### ***Our Pledge to You***

Hillcrest Baptist School will provide for your child/children a quality education in a Christian environment by a dedicated, caring faculty and staff. Bible will be taught daily to include memorization of verses. Emphasis will be placed on basic skills of language arts (reading, English, spelling, and writing) and mathematics. Christian doctrine, moral values, patriotism, citizenship, courtesy, respect for others, and responsibility for one's behavior will be important in this educational setting.

We promise to keep you, the parent, informed about your child's progress through weekly papers, telephone calls, progress reports, report cards and conferences at either teacher's or parent's request. Classroom instruction will be provided in a safe, well-managed environment where social norms are clearly communicated and respectfully enforced.



Hillcrest Baptist School Application for Enrollment

(Please type or print)

Date \_\_\_\_\_ Grade Entering \_\_\_\_\_ County of Residence \_\_\_\_\_

(Please circle name student uses)

Student's Name \_\_\_\_\_
Last First Middle

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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

Are you enrolling any other children to attend Hillcrest: NO \_\_\_\_\_ YES \_\_\_\_\_ How many? \_\_\_\_\_

If more than one child is being enrolled, please ask for additional page to list other children.

Parental Email Address to be used for corresponding concerning your child's progress:

Email \_\_\_\_\_

Name of Parent/Guardian with whom student resides: \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ Sunday school? \_\_\_\_\_ Where? \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security# \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

Father's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

Mother's Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Social Security# \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip

***Emergency Contact***

Name of Student's Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

List the children living at home in chronological order, oldest first:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Father's Church affiliation and Pastor's Name: \_\_\_\_\_

A church member? YES \_\_\_ NO \_\_\_ Do you attend Services? Regularly \_\_\_ Sometimes \_\_\_ Seldom \_\_\_

Mother's Church affiliation and Pastor's name: \_\_\_\_\_

A church member? YES \_\_\_ NO \_\_\_ Do you attend Services? Regularly \_\_\_ Sometimes \_\_\_ Seldom \_\_\_

List all schools student attended, present school at top:

Dates	Grades Enrolled	School	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____

Has this student ever been suspended or expelled from a school? \_\_\_\_\_

If yes, please provide more information: \_\_\_\_\_

Has this student ever failed a grade? \_\_\_ If Yes, please explain. \_\_\_\_\_

Describe any physical disabilities (epilepsy, asthma, hemophilia, heart condition, hearing, eyesight, speech, nervous condition, etc.) or other mental or physical limitations.

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Provide any additional information that may help us work more efficiently with the student, including hobbies, special interests, sports participation or interests, etc.

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Does the student attend church? \_\_\_\_\_ Sunday school? \_\_\_\_\_ Where? \_\_\_\_\_

Is student a Christian? YES \_\_\_ NO \_\_\_ If so, for how long? \_\_\_\_\_

We plan to send this child to Hillcrest Baptist School through:

K3 \_\_\_ K4 \_\_\_ K5 \_\_\_ 1ST \_\_\_ 2ND \_\_\_ 3RD \_\_\_ 4TH \_\_\_ 5TH \_\_\_ 6TH \_\_\_ 7TH \_\_\_ 8TH \_\_\_

How and/or from whom did you hear about Hillcrest?

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If you became interested in Hillcrest through an advertisement, please state the source:

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For Office Use Only

Total # of Children \_\_\_\_\_

Child # \_\_\_\_\_

Billing: \_\_\_\_\_

**Registration for Additional Children:**

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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

List all schools student attended, present school at top:

Dates	Grades Enrolled	School	Mailing Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this student ever been suspended or expelled from a school? \_\_\_\_\_

If yes, please provide more information: \_\_\_\_\_

Has this student ever failed a grade? \_\_\_\_\_ If Yes, please explain. \_\_\_\_\_

Describe any physical disabilities (epilepsy, asthma, hemophilia, heart condition, hearing, eyesight, speech, nervous condition, etc.) or other mental or physical limitations.

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

Provide any additional information that may help us work more efficiently with the student, including hobbies, special interests, sports participation or interests, etc

Does the student attend church? \_\_\_\_\_ Sunday school? \_\_\_\_\_ Where? \_\_\_\_\_

Is student a Christian? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, for how long? \_\_\_\_\_

We plan to send this child to Hillcrest Baptist School through:

K3 \_ K4 \_ K5 \_ 1ST \_ 2ND \_ 3RD \_ 4TH \_ 5TH \_ 6TH \_ 7TH \_ 8TH \_



CONTRACT FOR PARENTS OF HILLCREST BAPTIST SCHOOL

Student(s) Name \_\_\_\_\_
(Please read carefully and then sign the contact.)

- 1) I understand that attending Hillcrest Baptist School is the personal responsibility of the child and the parent.
2) I understand that my child is to cooperate and conduct himself/herself with teachers, other adults and classmates in a manner showing respect to all persons.
3) I understand that my child is expected to attend school daily, to arrive promptly, to remain throughout the scheduled hours, and to attend the full ten months.
4) I understand that my child must maintain a passing or above average grade in all subjects including conduct. Retention will be based upon the teacher's and principal's recommendation.
5) I understand my child is to complete all required work, including homework.
6) I understand if contacted by the school, I am to give my support toward the improvement of academic and/or behavioral problems in the best interest of my child/children.
7) I understand my child is to respect and care for all equipment, supplies, and school property he/she uses.
8) I understand that tuition is to be paid in full each month on the first of each month for ten payments.
9) I further understand that if I choose to remove my child before the end of the school term or if I am asked to remove my child from this school, my child may not re-enter. Student records will not be released to another school until all financial obligations are met.
10) I understand that this registration is a contract for my child to attend Hillcrest for one year. If I choose to break this agreement, I will receive no refund in either money or materials.

Responsibilities

We (I) pledge our (my) cooperation with the Hillcrest Baptist School in encouraging our (my) child to follow its Christian teachings, and we agree to abide by its policies and procedures. We (I) shall uphold the authority of the teachers, recognizing that in all dealings with our (my) children, scriptural principles of love and discipline will be employed. We (I) promise that if either parent's home, work or cell phone number or address changes during the year, we (I) will notify the school immediately. We (I) promise to pay promptly to the Hillcrest Baptist School the tuition and other fees established by the School Committee.

Person Responsible for Payment of Fees: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Place of Employment: \_\_\_\_\_

(Attach copy of driver's license).



By Signing below, I am granting permission for my child's picture to be taken and used as needed on Hillcrest Baptist School's web page, in our yearbook, and on other publications from the school. I understand that if this form is not signed, it will be necessary for my child to be excluded from any pictures.

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

*Child* \_\_\_\_\_ *Grade* \_\_\_\_\_

This is a statement of the parent(s)' acceptance of our actions to care for the safety of the student(s) through our agreement with University Hospital for emergency care and transportation if neither parent nor emergency contact personnel can be reached and emergency treatment is required due to accident or illness.

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



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 ( )

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