

Tara Crane - Director
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OFFICE USE ONLY	
CLASS _____	
REG FEE _____	SUPPLY FEE _____
CHECK # _____	IMMUNIZATION _____
WITHDRAWAL DATE _____	
PHOTO/VIDEO PERMISSION _____	

2020-21 Registration Form

Date _____

Child's Full Name _____ MALE / FEMALE
First Middle Last

Preferred Name _____ RIGHT HANDED / LEFT HANDED/ UNSURE

Does child speak English? YES NO If NO, main language spoken: _____

Age by Sept 1, 2020 _____ Birthday: Month _____ Day _____ Year _____

Child's Address _____

City _____ State _____ Zip _____

Child Lives With: BOTH PARENTS MOTHER FATHER GRANDPARENTS OTHER _____

Family Information

Mother _____ Employer _____

Mobile Phone _____ Work _____ Home _____

Email Address _____

Father _____ Employer _____

Mobile Phone _____ Work _____ Home _____

Email Address _____

Sibling(s)

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

YES / NO HBC Member? If NO, where do you attend church, if any? _____

YES / NO Would you like to receive information about Heatherwood Baptist Church?

Emergency Authorization

In case of emergency, whom should we contact if we cannot reach parents/guardians?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Medical Contact

Doctor _____ Phone (_____) _____

In the event of an accident or illness while at school, we will attempt to contact the parents immediately. In the event a parent is not immediately available, we are authorized to secure medical attention and care for the child as may be necessary. The parent assumes responsibility for payment and Heatherwood Baptist Church assumes no liabilities.

I hereby authorize Heatherwood Baptist Church to transport my child to the nearest medical facility or physician for treatment. I furthermore authorize any licensed physician or medical treatment center to treat my child in the case of an emergency.

Signature of Parent _____ Date _____

Please answer each question below. Unanswered questions may delay enrollment.

Medical Information

YES / NO Does s/he have allergies? Please list allergies and symptoms: _____

YES / NO Are your child's immunizations up to date?

YES / NO - Does your child require any medications(epi-pen) that will need to be kept at school? Are there any topical ointments/first aid medications that you wish not to be used on your child? If YES, please list: _____

YES / NO If your child is 3 years old on or before September 1, is s/he fully potty-trained? I understand that to participate in the weekday program in our 3 years and up classes, my child is to be fully potty-trained by the time school starts.

_____ Initials of Parent or Guardian

YES / NO Has your child participated in a weekday preschool or daycare program in the past? List previous schools.

Yes/ No Has your child been asked to withdraw or even been suspended from any type of weekday preschool or day care program? If yes, please explain _____.

YES / NO Has your child been referred for assessment or been assessed for any special needs including but not limited to emotional, behavioral, speech or developmental delays ?

If YES, please provide an explanation of the needs to be maintained by the school on a confidential basis so it can be determined if the school can meet your child's needs. If your child's enrollment is accepted, the weekday program will require a copy of any assessments. We will use any such information on a confidential basis with your child's teachers in order to plan for your child's classroom experience.

YES / NO Does your child currently receive services from your local county, private sector or Babies Can't Wait program for any special needs including but not limited to emotional, behavioral, speech or developmental delays? If YES, please list _____

YES / NO If Yes, will your child be scheduled to receive services while at the weekday program?

Prior to acceptance into the weekday program, the Weekday Administration may request an interview to evaluate the child's readiness to transition into the structural learning environment of our program. I understand and agree to the interview, if requested.

_____ Initials of Parent or Guardian

SECURITY SITUATIONS

YES / NO There is a security situation with my child.

YES / NO There is someone specific who may not have access to my child during the school day.

If Yes, to either of the above, please complete the following:

Explanation of security situation

Name, relationship and description of the person(s) prohibited from accessing your child

YES / NO I have sole custody/guardianship of this child.

YES / NO I have court documentation in support of the above.

I agree to provide Heatherwood Weekday with a complete copy of all court documents to keep on file in the event of security or custody situations. I agree to meet with the Weekday Director prior to acceptance to discuss my security or custody situation.

_____ Initials of Parent/Guardian

Photograph/Info Authorizations – Pictures/Videos of My Child May Be Taken For:

YES / NO - Use within HBC Weekday, including class projects and bulletin boards

YES / NO - Use outside HBC Weekday, including church publications and other media

YES / NO - Use on HBC Weekday and church websites and social media

Tuition Agreement

HBC Weekday Education agrees to provide care/classes during the 2020-2021 school year. We will follow the Coweta County School System calendar for holidays, with the exception of any extra days taken by HBC Weekday. Please see our school calendar for specific information.

Please read and initial each of the following:

_____ There is a registration fee equal to one month's tuition for all classes due at the time of registration. There is also a supply fee for each class (with the exception of the baby room). I understand that these fees are non-refundable and do not apply toward any monthly tuition. There are no discounts given on registration or supply fees.

_____ For your benefit, the yearly tuition is prorated over a nine-month period. The fees are due and payable on the first day of each month beginning September 1 and ending May 1. Payments are considered late after the 10th of each month and a fee of \$15 will be charged. If tuition is more than two months past due, your child will be asked to leave the program.

_____ Withdrawal of your child from the program requires a 30-day written notice or one month's tuition payment.

2020-2021 Tuition and Fees

Class*	Days Offered	Age	Registration Fee (non-refundable due at time of registration)	Supply Fee (non-refundable due at time of registration)	Monthly Tuition (September-May)
Toddlers (9:00-12:00)	TTh	12-23 months by 9/1/2020	\$150	\$50	\$150
	MW				
2's (9:00-12:00)	TTh	2 by 9/1/2020	\$150	\$50	\$150
	MWF		\$175	\$75	\$175
3's (9:00-12:00)	TTh	3 by 9/1/2020	\$150	\$50	\$150
	MWF		\$175	\$75	\$175
	M-F		\$200	\$100	\$200
Pre-K (8:30-12:30)	M-Th	4 by 9/1/2020	\$215	\$100	\$215
	M-F		\$230	\$100	\$230
Kindergarten (8:30-12:30)	M-F	5 by 9/1/2020	\$260	\$100	\$260

Lunch Bunch will be offered from 12:00-12:30, as space is available, to siblings of Pre-K and Kindergarten students only. The fee is \$30 per month in addition to your monthly tuition.

All fees are subject to change without prior notification. A \$10 monthly discount on the tuition fee is allowed for each additional child when there is more than one child from the same family. A \$10 monthly discount will be allowed for Heatherwood Baptist Church Members.

CLASS SELECTION:

FIRST CHOICE _____ / **SECOND CHOICE** _____

_____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and forms pertaining to my child up-to-date.

Parent/Guardian Signature _____ Date _____

PARENTAL AGREEMENTS

I understand that an up-to-date, completed Immunization Form #3231 or a Notarized Letter of Religious Exemption is required before my child is accepted into the weekday program. Furthermore, I understand that if classroom spaces fill to capacity while HBC Preschool is waiting to receive my current form #3231, my child will be placed on a waiting list until space becomes available. I further understand it is my responsibility to keep my form #3231 up to date throughout the year.

_____ Initials of Parent or Guardian

I understand that I must be in good standing on tuition payments and fees to be considered for future enrollment.

_____ Initials of Parent or Guardian

I understand that class sizes are subject to change without notice. I also understand that in very rare instances classes may be rescheduled or dropped entirely if enrollment does not meet minimum requirements. In such cases, HBC Preschool will make every effort to accommodate the children in other classrooms.

_____ Initials of Parent or Guardian

I agree to meet in conference with teacher, if requested, at a date and time set by the teacher. I may request a conference, however, I understand that conversations regarding my child's progress or participation cannot be held in classroom or hallways during instructional hours, drop off or pickup times.

_____ Initials of Parents or Guardian

I understand that no refunds are allowed for sick days, severe weather days, holidays or when the school is closed.

_____ Initials of Parents or Guardian

I agree to notify HBC Weekday administration if my child will be absent on a scheduled school day.

_____ Initials of Parents or Guardian

I understand the carpool route and carpool policies and agree to abide by them.

_____ Initial of Parent or Guardian

I agree to arrive on time to drop off and pick up my child. I understand that HBC Weekday reserves the right to charge me for late pickup.

_____ Initial of Parent or Guardian

I understand that the registration fee is non-refundable once my child is accepted into HBC Weekday. My fee will not be refunded even if my child does not attend the program for any reason including, but not limited to, withdrawal prior to or after the start of classes, disagreement with HBC Weekday or its decisions, financial difficulty, suspension or dismissal of my child from the program.

_____ Initial of Parent or Guardian

I understand that HBC Weekday is exempt from licensing by the state of Georgia.

_____ Initial of Parent or Guardian

Yes / No I give permission to include my phone number and email address in the classroom directory.

The information I have provided in this application is true and complete to the best of my ability. I understand that inaccuracy or omission of information requested in this application is grounds for immediate dismissal from HBC Weekday.

Signature of Parent or Guardian _____

Date _____

EMERGENCY CARD FOR CARLINE

Student: _____

Release Authorizations - Other than parents/guardians, who is authorized to transport your child?

Name _____ Relationship to Child _____

What child calls them: _____ Phone _____

Name _____ Relationship to Child _____

What child calls them: _____ Phone _____

Name _____ Relationship to Child _____

What child calls them: _____ Phone _____

The people listed above have my permission to pick up my child and may be called in an emergency if parents cannot be reached. Please understand that this child will not be released to anyone except the persons named above. I understand that the person picking up my child will be required to show identification.

Signature of Parent _____ Date _____

Printed name _____

PHONE NUMBER FOR PARENT (should questions arise): _____