

Summer 2017
 June 13 – July 25
 Tuesdays 10am – 1pm

TERRIFIC TUESDAYS for Preschoolers

85 McDonough St, Hampton, GA 30228
 770-946-4802 / 770-946-4804

Student's Full Name _____ Sex _____

Preferred Name _____ Date of Birth _____ Age _____

Check	Student's Age Group		Program Cost
	6 months – 16 months*	Tuesday 10am – 1pm	6 week program June 13 th – July 25 th not meeting July 4 th \$100 for 1 day a week \$35 nonrefundable registration fee (\$25 goes toward tuition)
	17 months – 24 months*	Tuesday 10am – 1pm	
	Two's*	Tuesday 10am – 1pm	
	Three's*	Tuesday 10am – 1pm	
	Four's*	Tuesday 10am – 1pm	

*Students must be of class age on or before September 1st.

A place is reserved for your child upon receipt of the completed application form and your registration fee of \$35. A portion of the registration fee (\$25) will be applied towards tuition. The entire registration fee is non-refundable. The balance is due by June 13, 2017.

Drop-ins are welcome. The fee is \$20 per day (no more than 3 allowed). Money is due at the time of drop-off.

Child's T-shirt size (circle one): Youth XSmall / Youth Small / Youth Medium / Youth Large

Register by June 1st to receive a t-shirt (no additional cost). After June 1st, t-shirts can be purchased for \$7.

Student Information

Child resides with: Both Parents _____ Father _____ Mother _____ Guardian _____

Father's Name _____ Mother's Name _____

Address _____

Home Phone _____ Email Address _____

Best contact # for Father _____ Mother _____

Siblings: Names and ages _____

Has your child ever attended preschool before? Yes _____ No _____

If so, where? _____ How long? _____

Does your family attend church regularly? Yes _____ No _____

Name of Church _____

Does your child have any physical/developmental special needs? _____

Does your child receive any resource services or intervention including physical, occupational or speech therapy? If yes, please explain. _____

Allergies

Does your child have any allergies? Yes _____ No _____

Does the allergy require an epipen? Yes _____ No _____

List allergies _____

Does your child have a current Certificate of Immunization? Yes _____ No _____

*A copy of a current Certificate of Immunization must be submitted to HFB Academy before the child can attend.

Emergency Information

Please list below responsible adult(s) whom we can contact if you cannot be reached.
This is VITAL information.

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name and number: _____

Name of Insurance Co and Policy #: _____

Student Release

Please list below ALL people and their telephone numbers who are authorized to pick up your child/children. Any person wishing to pick up your child MUST be listed below.

I understand and agree that when the above listed person(s) pick up my child at the end of the school day, HFB Academy is no longer responsible for my child, even if the person I have authorized to pick up my child is an employee of HFBA.

In the event of an emergency HFB Academy, its employees, its supervisors and its agents (collectively, "HFB Church") will make every effort to contact me. However, should I be unavailable, I do hereby grant permission for HFB Church to obtain emergency medical attention in case of sickness or injury to my child.

In consideration for you allowing my child to participate in HFB Academy, a program offered by and through HFB Church, I hereby release, absolve, agree to indemnify, agree to hold harmless and forever discharge HFB Church from any and all claims, demands, actions or cause of actions, past, present or future arising out of injury or relating to or

damage to my child as a result of emergency medical decisions made, in good faith by HFB Church.

I give permission for HFB Academy to take pictures of my child to be used in a variety of ways such as art work, class projects and bulletin boards. Yes ___ No ___

I give permission for HFB Academy to take pictures of my child to be used for publicity such as brochures and publications, including newspaper, magazine articles or website. Yes___ No__

I give permission for my child's name, address and phone number to be published on a class roster to be distributed to the class. Yes ___ No ___

By signing below, I have read and agree to the school policies furnished to me with this application. I also understand that HFB Academy is not a licensed day care facility.

Print Name: _____

Signature: _____ Date: _____