

Hampton First Baptist Academy

Mom's Day Out, Preschool, Kindergarten & Elementary (1st -3rd)

770-946-4802 Fax 770-946-8996 www.HamptonAcademy.org

Registration 2018-2019

Student's _____ Name Called _____
 Name Last First Middle

Birth date _____ Age as of Sept. 1, 2018 _____

Address _____ City/State _____ Zip _____

Mother's / Female Guardian's name _____

Best Contact Number _____

Employer _____ Work Phone _____

Email address: _____

Father's / Male Guardian's name _____

Best Contact Number _____

Employer _____ Work Phone _____

Email address: _____

Child lives with: Both Parents _____ Single Parent _____ (Mother _____ Father _____)
 Guardian _____

REFERRAL: I heard about the program through _____
 (referring family receives a \$25 tuition credit)

Check one:

	MDO/Preschool	DAYS
<input type="checkbox"/>	MDO	Wednesday
<input type="checkbox"/>	MDO	Tues and Thurs
<input type="checkbox"/>	2K	Tues-Thurs
<input type="checkbox"/>	2K	Mon-Thurs
<input type="checkbox"/>	3K*	Tues-Thurs
<input type="checkbox"/>	3K*	Mon-Thurs
<input type="checkbox"/>	4K*	Mon-Thurs
<input type="checkbox"/>	4K*	Mon-Fri

	Elementary	DAYS
<input type="checkbox"/>	5K*	Mon-Fri
<input type="checkbox"/>	1 st Grade	Mon-Fri
<input type="checkbox"/>	2 nd Grade	Mon-Fri
<input type="checkbox"/>	3 rd Grade	Mon-Fri

* Children must be potty trained before starting the 3K and older programs.

Hampton First Baptist Academy
EMERGENCY MEDICAL AUTHORIZATION

Child's Name: _____

Please list environmental, food, and/or drug allergies

List medications currently taken on a regular basis, condition for which they are taken, and dosage amount and time

If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child. _____

Physician's Name _____ Phone # () _____

Insurance Provider _____ Policy # _____

May we administer **Diphenhydramine Hydrochloride (Benadryl)** for an allergic reaction?
(Dosage will be appropriate for age/weight) **Circle YES or NO**

May we give Acetaminophen (Tylenol) YES or NO Ibuprofen (Motrin) YES or NO

NOTE: You will be notified before either is given.

Please initial and sign:

___ In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and to contact me, if necessary, for further advice and/or pick up. If the school is unable to reach me, I hereby authorize it to contact my emergency contact person.

___ In the event that an injury or illness is extremely serious or life threatening to my child, I authorize HFBA staff to first contact emergency medical professionals; then contact me or my emergency contact if I cannot be reached.

___ I release the teachers/personnel and Hampton First Baptist Academy of Hampton, GA from any liability for any accident or injury that might be incurred. HFBA is covered under the umbrella of Hampton First Baptist Church's liability insurance.

___ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is at HFBA.

Parent/Guardian Signature

Date

Hampton First Baptist Academy Discipline Policy

HFB Academy seeks to base all of its programs on the Word of God. Our primary objective in disciplinary action is to lovingly restore the student to fellowship. Throwing things, pushing or shoving, kicking, hitting, fighting or biting will not be tolerated in any classroom.

HFB Academy Discipline Policy states the following methods of discipline concerning these classroom rules:

1. Time out or time apart from class activities;
2. Withholding school rewards and privileges;
3. Parent Consultation.

PROCEDURES FOR HANDLING SPECIFIC SITUATIONS IN THE SCHOOL SETTING

1. When a student becomes a discipline problem to the point that the teacher feels that she has done all she can, the parents will receive a phone call from the teacher.
2. The second time the behavior becomes intolerable, the student will be sent to the Director's office.
3. The third time this situation occurs, an immediate conference between parents, teacher and the Director will be set up on that day during school hours. The privilege of the student to attend Hampton First Baptist Academy will be reviewed.

I HAVE READ AND AGREE TO ABIDE BY HAMPTON FIRST BAPTIST ACADEMY'S PROCEDURES AND POLICIES for my child, _____.

Signature of parent/guardian

Date

SCHOOL INFORMATION

➤ **HFBA Photograph Release** Yes _____ No _____

I authorize HFBA to use any photograph or video of my child or our family in promotions, newsletters, our website, facebook or slideshows.

➤ **HFBA Personal Information Authorization** Yes _____ No _____

I authorize HFBA to list my name, email and phone number for HFBA room moms.

_____ include name only _____ include all information

➤ **I acknowledge that HFBA is not licensed with *Bright from the Start, Georgia Department of Early Care and Learning*, but has received a Letter of Exemption as a child care center.** _____ (initial)

Signature of parent/guardian

Date

Emergency Contact Information

Who should be contacted if your child should need to be picked up and a parent/guardian cannot be reached? (Should be a local resident.)

Name: _____ Best Contact Number _____

Relationship to Child: _____

RELEASE AUTHORIZATIONS

My child, _____, may be released to the person signing this agreement or to the following people for pick up.

NAME	RELATIONSHIP	PHONE
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

It is the responsibility of the parents to notify the Academy Director of any changes in phone numbers, addresses or persons authorized to pick up the child.

Acceptance: When you fill out the registration forms and pay the registration fee, your child is considered accepted into our program. **The registration and supply/book fees are non-refundable.**

Withdrawal from the Program: We will require a two-week notice or two-week tuition fee. **All Accounts must be current at the time of withdrawal to receive curriculum and/or to have transcripts sent to another school.**

I, the undersigned, agree with the financial terms set forth on the 2018-2019 Tuition Schedule. I have read and understand the policies for Hampton First Baptist Academy. As a parent of a Hampton First Baptist Academy student, I agree to abide by the rules set forth in the Academy Handbook.

Signature of parent or guardian

Date

For Office Use Only:	<u>Date</u>	<u>Amount</u>	<u>Cash/Check</u>
Registration	_____	_____	_____
Supply/Book fee	_____	_____	_____
Other	_____	_____	_____
Immunization Form #3231	_____	_____	_____