



5208 Hixson Pike/Hixson, TN 37343/ Phone 875-9311 ext. 1

Registration of Classes

REGISTRATION OF CLASSES

- | | | | |
|--------------------------|---|------|-----------------|
| <input type="checkbox"/> | Registration Fee (all programs, enclose with application) | \$75 | Date paid _____ |
| <input type="checkbox"/> | Activity/Supply Fee (all day) | \$75 | Date paid _____ |
| <input type="checkbox"/> | Activity/Supply Fee (1/2 day) | \$50 | Date paid _____ |

Half-Day Preschool (Children must be of age by August 15 and potty trained)

	AGES	TIME	DAYS	10 PAYMENTS/YEARLY
<input type="checkbox"/>	3 years	9:00-12:00	M/W/F	\$180.00/\$1,800.00
<input type="checkbox"/>	3 years	9:00-12:00	T/TH	\$150.00/\$1,500.00
<input type="checkbox"/>	4 years	9:00-12:00	M/W/F	\$180.00/\$1,800.00
<input type="checkbox"/>	4 years	9:00-12:00	T/TH	\$150.00/\$1,500.00

Note: "Lunch Box Days" are available on Monday, Tuesday, Wednesday, and Thursday for a separate fee, allowing Preschool 3's and 4's to stay until 2:00pm. See separate reservation sheet.

Pre-K 5 Daily Program (Children must be 5 by December 31)

	AGE	DAILY SCHEDULE	10 PAYMENTS/YEARLY
<input type="checkbox"/>	5 years	9:00am to 12:30pm, M/W/F and 9:00am to 2:00pm, T/TH	\$310.00/\$3,100.00

All-Day Preschool Care (Children must be of age by August 15)

	AGES	DAILY SCHEDULE	WEEKLY FEE
<input type="checkbox"/>	2 years	7:30am to 5:30pm Mon—Friday	\$140.00
<input type="checkbox"/>	3 years	7:30am to 5:30pm Mon—Friday	\$130.00
<input type="checkbox"/>	4 years	7:30am to 5:30pm Mon—Friday	\$130.00
<input type="checkbox"/>	All Day	3 days a week	\$115.00

Note: Year-round All-Day Preschool weekly payments are due Monday. Payments may be made monthly.

I have received a summary of licensing requirements.

Signature of parent(s)



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Application

Date _____

Child's Name _____ Girl Boy

What does your child like to be called? _____

Date of Birth _____ Place of Birth _____ State _____

Previous preschool or daycare attendance _____

How did you find out about our program? _____

PARENTS:

Mother's Name _____ Home Phone _____

Home Address _____ Mobile Phone _____

City _____ State _____ Zip _____

Place of Employment _____ Business Phone _____

Email address _____

Father's Name _____ Home Phone _____

Home Address (if different) _____ Mobile Phone _____

City _____ State _____ Zip _____

Place of Employment _____ Business Phone _____

Email address _____

Other children in the family (Please give names and ages):

_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY INFORMATION: (in case of an emergency, if family cannot be reached, notify:)

1. Name _____ 2. Name _____

Relation _____ Relation _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Doctor's Address _____

HEALTH AND WELL-BEING

What serious illness, if any, has your child had? _____

Please give dates of illness listed above _____

Child's Allergies _____

Is there anything we should know about the following?

Special Instructions if your child is hurt at school _____

Fears _____

Behavior habits (biting nails, finger sucking, biting, tantrums) _____

Is your family affiliated with a church in this community? _____ Where? _____

What are your child's special interests, including any special classes? _____

What do you consider your child's greatest strengths? _____

What do you consider your child's greatest weaknesses? _____

Any special skills or hobbies parent(s) could share with the class? _____

Give any other information you think we should know about your child _____

RELEASE NOTICE

My child can be released to the following people:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My child cannot be released to the following people:

Name _____ Name _____



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Child's Health History Checklist

Child's Name

Birth Date

Parent or Guardian's Name

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we are unable to reach you right away.

Pregnancy and Birth

- Yes No 1) Were there any problems with pregnancy or your child's birth?
 Yes No 2) Was his/her birth weight under 5 1/2 pounds?
 Yes No 3) Did the baby have any problems in the hospital?

Medical Problems

- Yes No 4) Has your child ever been in the hospital overnight?
 Yes No 5) Is your child taking any medicine?
 Yes No 6) Any allergies or reactions to medicine, DPT or other shots, or insects?
 Yes No 7) Has your child had asthma or wheezing?
 Yes No 8) Does your child have a speech or hearing problem?
 Yes No 9) Has your child had more than two ear infections in a year?
 Yes No 10) Has your child had tonsillitis?
 Yes No 11) Does your child have trouble with his/her eyes or seeing?
 Yes No 12) Has your child had a bladder or kidney infection?
 Yes No 13) Does he/she have burning when urinating?
 Yes No 14) Does he/she have seizures, fits or shaking spells?
 Yes No 15) Have you ever been told your child has a heart murmur?
 Yes No 16) Is your child able to play as hard as other children?
 Yes No 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?
 Yes No 18) Has your child ever been with anyone having TB?
 Yes No 19) Has your child ever had worms?
 Yes No 20) Does your child scratch his/her genital area? Is his/her bottom or genitals red or sore?
 Yes No 21) Is your child a hemophiliac (free bleeder)?
 Yes No 22) Is your child on a heart monitor?
 Yes No 23) Does your child have tubes in his/her ears?



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Emergency Agreement

In the event of an emergency or injury and parents cannot be reached, the Academy Director and/or teacher will arrange for medical attention at T.C. Thompson Children's Hospital. The bottom portion of the page will allow our teachers to document who takes your child during an emergency.

Child's Last Name _____ First Name _____

Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Father's Name _____ Cell Phone _____ Work Phone _____

Guardian's Name _____ Cell Phone _____ Work Phone _____

If I/we are unable to pick up our child, I/we designate the following people to whom my child may be released in case of emergency:

Name _____ Cell Phone _____ Other Phone _____

Name _____ Cell Phone _____ Other Phone _____

Name _____ Cell Phone _____ Other Phone _____

Medical Alert/Allergies

Condition _____ Medication/Treatment _____

Condition _____ Medication/Treatment _____

Condition _____ Medication/Treatment _____

Child's Doctor: _____ Phone _____

Parents' Insurance Company _____

Policy Holder _____

Policy # _____

(Make copies of front and back of insurance card)

(OVER)

My child hereby has permission to receive first aid from CBCH/AHA Staff for minor injuries (eg. Use of ice, band-aids, hydrogen peroxide, polysporine, baby wipes, ointment for insect bites, etc).

Parent/Guardian Signature

Date

Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name _____

Home Phone (_____) _____ Work Phone (_____) _____

.....
For Academy Use Only:

The child was released to _____ By _____

Proof of ID _____ Date _____ Time _____ AM PM
(Driver's License Number)

Destination _____



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Abba's House Academy Parent Agreement

Desiring to enroll our child, _____ in the Abba's House Academy, we agree to the following conditions:

We visited the facility prior to enrolling our child. Pre-enrollment Visit Date _____

1. We will cooperate with the Academy, seeing that our child is in a good state of health every day he attends. We will keep him at home if he shows symptoms of illness & we will report date of exposure of contagious diseases.
2. We agree to provide a copy of all immunizations as required by the Tennessee state law to be kept on file.
3. We will pay a \$75 non-refundable registration fee with this application.
4. We hereby give our child permission to participate in all activities of the Academy, including all field trips. Please note that parents must transport children to and from field trips. (1/2 day program only)
5. We will give a 2 week notice if our child has to be withdrawn from the Academy before the end of the school year. If not, we agree to pay 1/2 of our monthly or weekly fee.
6. **1/2 day program** - We agree to pay our first payment before August 1, 2019. We understand that the payment is only refundable if our family moves over 100 miles out of town.
Full day program - We agree to pay our payment weekly. We understand the only week we DO NOT pay is July 4th week. We agree to pay even if our child is out.
7. We agree that there is no reduction of fees for the time our child must miss due to illness or any other reason, including snow or bad weather days. We agree to send the payment of \$_____ by the 1st of each month, or on each Monday for all-day Pre-school. After the 10th of each month, I understand a \$20.00 late fee will be applied; for all-day Pre-school, a \$10 late fee will be applied on Monday if the previous week was unpaid.
8. It is understood and agreed by us that Central Baptist Church, the Abba's House Academy, the teachers, and the staff are hereby released from any and all claims or financial responsibility arising out of any accident or mishap that may occur while participating in school sponsored and supervised activities whether at or away from the Academy.
9. If an accident should occur at the Academy or on a school-sponsored field trip, claims will be made through the Abba's House Academy office to our insurance company.
10. We understand that the Academy opens to receive children at 7:30am for full day, and at 8:50am for half day programs. Classes begin at 9:00am. Pickup time is 5:30pm for full day and noon for half day. A late charge of \$3 will be assessed if a child is picked up more than 15 minutes late.
11. In the event of an emergency or injury and parents or a designated emergency person cannot be reached, the Director and/or Teacher will arrange for medical attention at T.C. Thompson Children's Hospital.

Having read and agreed to the requirements stated above, we hereby apply for admission for the above named child to the Abba's House Academy for the 2019-2020 school year.

Parents' Signature _____ Date _____

.....
Date/Reason child is withdrawn _____



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PARENTAL CONSENT & RELEASE FOR PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that from time to time, pictures are taken during the activities at Abba's House, or under its direction, then they are presented in various church-sponsored media. These include, but are not limited to: pictures, video productions, newsletters, television programs, webcasts, brochures, handbooks, programs and Internet web pages. This form is to notify you those meetings, events and activities (including worship and classroom settings) are considered public and they are video taped and photographed and used in the above listed manner.

Further, on occasion a child's image may be singled out and used as an identifiable image. In order for us to use an image of your child where they are not part of a larger group, we ask that you sign the waiver below to grant permission for us to use your child's image.

I hereby remise, release and forever discharge Abba's House, its agents and employees from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that Abba's House will not be responsible for other user's reproduction, display, distribution or modification of the minor's images in any manner, nor will Abba's House be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of Abba's House images by third parties.

I hereby release to Abba's House all rights to copyright this work and or exhibit this work in print or electronic form publicly or privately. I also permit them to market and sell copies as necessary. I waive any rights, claims or interest that I or my child may have concerning these images. I understand that I will not be compensated in any way for the use of my child's photograph, whether it is a still or moving image.

You have my permission to use my child's image in the media types listed above, as well as any new media formats that are developed in the future. I am at least 18 years of age, I understand the above statement and I am competent to execute this agreement.

Signature of Parent or Guardian

Date



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Reservations (1/2 Day Program Only)

Pre-K3 and Pre-K4 • MONDAY/TUESDAY/WEDNESDAY/THURSDAY LUNCH BOX DAYS

Pre-K3 and Pre-K4 children may register to stay until 2:00pm on Mondays, Tuesdays, Wednesdays, and/or Thursdays. Lunch Box Days involve a set fee of \$8.00 per day, due the first of each month.

On the days registered, parents should send a nutritious lunch that their child could eat without being warmed up or refrigerated. No glass bottles or soft drinks, please.

Child's Name _____

Teacher's Name _____

Day or Days Reserved: Monday Tuesday Wednesday Thursday

Emergency Information:

In case of emergency, if family cannot be reached, notify:

Name _____ Relationship _____

Address _____

Phone _____

Child's Doctor _____

Doctor's Phone _____

In the event of an emergency or injury and parents or the designated emergency person cannot be reached, the Director and/or teacher overseeing Lunch Box Days will arrange for medical attention at T.C. Thompson's Children's Hospital.