

Registration Guidelines

2018-2019

“Providing a Quality Education in a Christian Atmosphere”

Registration for 2018-2019

In order to reserve your child’s spot in a class at Hillcrest School for the coming school year, please refer to the dates and registration fees.

Early Registration will start February - \$175.00

Regular Registration will start March - April - \$200.00

Late Registration May - \$250.00

Flat Military Rate - \$175.00

Curriculum Fee - \$200.00 (due before July 10th)

Thank you,
Dr. Billy Duggan
Principal

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 applications
- Previous year's report card and standardized test scores
- 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) Pay Fees:

- Registration fee and Enrollment fees are due upon registration.
- Curriculum fee must be paid no later than June 28th.
- Tuition, lunch, extended care fees are due on the 1st of each month. Payments may also be made online.

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 of one's behavior will be an important part of this educational setting.

We promise to keep you, the parent, informed through weekly papers, telephone calls, deficiency reports, report cards and conferences at either teacher's or parent's request. The Instruction in our classrooms will be in a safe, controlled environment where limits are established and understood.

Hillcrest Baptist School Application for Enrollment

(Please type or print)

Date _____ Grade Entering _____ County of Residence _____

Student's Name _____
Last First Middle

Birthdate _____ SS# _____ Race _____ Sex _____ Age _____

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

Email _____

Name of Parent(s) with whom student resides: _____

Does your family attend church? _____ Sunday school? _____ Where? _____

Father's Name _____

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 _____

Mother's Name _____

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 _____

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 (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Father's Church affiliation and Pastor's Name: _____

A church member? YES ___ NO ___ Do you attend Services? Regularly ___ Sometime ___ Seldom ___

Mother's Church affiliation and Pastor's name: _____

A church member? YES ___ NO ___ Do you attend Services? Regularly ___ Sometime ___ 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.

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? _____

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

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

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: _____

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 _____

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.

Parental Signature _____ *Date* _____

Hillcrest Baptist School
Application for K4 and/or Extended Care
2015-2016

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 _____

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

Mothers's Place of Employment _____

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 (_____) _____

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