

**Hillcrest Baptist School**  
**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 appointment to meet with principal. If you are registering a child for 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:

- a) Completed applications
  - b) Previous year's report card and standardized test scores (grades 2 - 8)
  - c) **Copy of the child's social security card**
  - d) Copy of certified birth certificate
  - e) **Form 3231** is required for all students entering **K4 or K5 or students in any grade entering a Georgia school for the first time.**
  - f) Eye, Ear and Dental Form 3300 (K5-8)
  - g) Discipline record from previous school.
3. Pay fees:
    - a) Registration fee and enrollment fees are due upon registration.
    - b) Book and paper fee must be paid no later than July 1<sup>st</sup>
    - c) 1st tuition payment (plus extended care, K4 lunch fees when applicable) is due August 1.
    - d) Tuition payments 2 - 10 (to also include extra applicable fees) are due the first of each month thereafter (September - May).

## **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 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 the teacher or parents request. The instruction in our classroom will be safe, controlled environment where limits are established and understood.

**Hillcrest Baptist Church School  
 Schedule of 2010 - 2011 School Fees  
 Non-Hillcrest Baptist Church Members  
 Telephone (706) 798-5600**

**I. Initial Fees (due upon registration)**

Early registration continues through March 31, 2011, at \$150 per student. Every student will receive a yearbook at no extra cost.

Regular registration will begin April 1, 2011, and the registration fee will be increased to \$175 per student.

Curriculum Fee (\$175 per student) is due on July 1st. The late fee will apply if this is not paid by the 10th.

**II. Tuition – Per Month**

The new monthly fees for 2011-2012 are listed below.

<b>One Child</b>	<b><u>Column A</u></b>
K4	\$345.00 + \$45.00 lunch fee = \$390.00
K5	\$345.00
Grades 1-3	\$355.00
Grades 4-8	\$360.00
<b>Multi- Child rate – always add \$40.00 lunch fee per K4 child</b>	
2 children	\$600.00
3 children	\$785.00
4 children	\$970.00
5 children	\$1,185.00
6 children	\$1,415.00

**\*More than one child in a family receives a reduced rate; however (children must live in same household and one person be responsible for tuition in order for multi-child discount to apply.)**

**III. Lunches**

Hot Lunches - \$2.50 per day (\$12.50 per week) – includes one drink  
 White milk, chocolate milk, juice - \$.50 per drink – extra drink

**IV. SERVICES per Month**

<b><u>Extended Care</u></b>	<b><u>One Child</u></b>	<b><u>Two Children</u></b>	<b><u>Three Children</u></b>
<b>Am Only(6:30-8:00AM)</b>	<b>\$65.00</b>	<b>\$105.00</b>	<b>\$130.00</b>
<b>PM Only(3:00-6:00 PM)</b>	<b>\$100.00</b>	<b>\$165.00</b>	<b>\$215.00</b>
<b>AM and PM</b>	<b>\$120.00</b>	<b>\$195.00</b>	<b>\$260.00</b>

(Late charges for pick up after 6:00 PM - \$10.00 per each 15 minutes)

1. **Tuition is an annual fee which is divided into 10 monthly payments.** The first payment is due on August 1st. If you choose to pay the tuition for the entire year as your first payment, you will receive a 5% discount.
2. **Payments are due on the first of each month.**

The Payment schedule is as follows:

Payment 1	Due August 1
Payment 2	Due September 1
Payment 3	Due October 1
Payment 4	Due November 1
Payment 5	Due December 1
Payment 6	Due January 1
Payment 7	Due February 1
Payment 8	Due March 1
Payment 9	Due April 1
Payment 10	Due May 1

**A late fee of \$25.00 will be added after the 10th of the month if no payment is received.**

1. **A charge of \$35.00 will be added to the account with a returned check.** Accounts will be on a cash basis after a check is returned on the account.
2. Report cards will be held in the office when accounts are past due. They will be issued to the parent when payment is made.
3. An account that is not current and considered delinquent may result in all services being suspended. A child withdrawn for money owed must re-register as a new student if space is available when account becomes current.
4. If a student withdraws who owes money, all school records are held until the account is paid in full.
5. Overdue accounts when not collected by the office are turned over to a collection agency.
6. Initial fees are non-refundable and non-transferable.
7. All fees are payable regardless of attendance. Failure to pay for extended care services will result in the loss of extended care. Extended care fees are due on a monthly basis. They are due on the first of each month.
12. Only tuition payment made in advance for future months is refundable.

# Hillcrest Baptist School Application for Enrollment 2011-2012

(Please type or print)

Date \_\_\_\_\_

Grade Entering \_\_\_\_\_

(Please circle name student uses)

I. Students Name	DOB	Sex	Race	S.S. Number	Grade Next Year
a. _____	_____	___	___	_____	_____
b. _____	_____	___	___	_____	_____
c. _____	_____	___	___	_____	_____

**Please Attach a copy of the students S.S. Numbers**

**IMPORTANT\*\*Parental e-mail address to be used for corresponding concerning your child's progress**

**II. Parental Information (Cell Phones) Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street City Zip)

Place of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member Yes No

Church Address \_\_\_\_\_ Pastor \_\_\_\_\_

Do you attend services regularly sometimes seldom

**Mother's Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street City Zip)

Place of Employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member Yes No

Church Address \_\_\_\_\_ Pastor \_\_\_\_\_

### III. 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 two names to contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list all persons in additions to those listed to whom we have permission to release your child.

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If there is just one parent or if other than a first marriage, please explain the family situation

\_\_\_\_\_

List the children living at home in chronological order, oldest first:

Name

Birth Date

Grade

Name of parent(s) with whom the student resides: \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List all schools student attended, present school at top:

Date

Grades enrolled

School

Mailing Address

Has this student ever been suspended or expelled from a school?

Yes

No

If yes, please provide more information: \_\_\_\_\_

Has this student ever failed a grade?

Yes

No

If yes, please provide more information: \_\_\_\_\_

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 student attend church? \_\_\_\_\_ School Sunday? \_\_\_\_\_ Where? \_\_\_\_\_

Is student a Christian?

If so for how long?

We plan to send this child to Hillcrest Baptist School through

K4 \_\_\_ K5 \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_

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

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

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**Application for K4 and/or Extended Care  
2011-2012**

Entrance Date \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's Name/Home Address/Telephone No., Cell Phone if different from child's

\_\_\_\_\_  
Place of Employment/Address of Employment/Business No.

\_\_\_\_\_  
Mother's Name/Home Address/Telephone No., Cell Phone if different from child's

\_\_\_\_\_  
Place of Employment/Address of Employment/Business No.

\_\_\_\_\_  
Child's Living Arrangements: Both Parents Mother Father Other

\_\_\_\_\_  
Child's Legal Guardian(s): Both Parents Mother Father Other

\_\_\_\_\_  
Persons to contact in case of an emergency when parents cannot be reached:

Name	Telephone
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
The child may be reached to the person(s) signing this agreement and to the following:

Name	Address
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
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:**

\_\_\_\_\_  
(Child's physician or clinic's name – child's primary health source)

\_\_\_\_\_  
(Telephone #)

\_\_\_\_\_  
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 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 \_\_\_\_\_

## Contract for Parents of Hillcrest Baptist School

Student(s) Name \_\_\_\_\_

A list of expectations is given below. Please read carefully; then sign the contract.

1. I understand that attending Hillcrest Baptist School is the personal responsibility of the child and the parent.
2. I understand 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 my child is expected to attend school daily, to arrive promptly, to remain throughout the scheduled hours and to attend the full nine 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, that 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. Students' 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.

**This registration form, when completed, 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.**

**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) child(ren) Scriptural principles of love and discipline will be employed.

**We (I)** promise that if either parent's home or work phone number or address change 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/s responsible for payment of tuition** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Please attach a copy of your driver's license.**

**Photo Permission**

**By signing below, I am granting my 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 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 Signature** \_\_\_\_\_

## 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 (circle applicable meals and snacks):  
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 include 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: \_\_\_\_\_  
Faculty Administration/Person-In-Charge