

**Hampton First Baptist Academy**  
**Kindergarten, Preschool & Mother's Day Out**  
770-946-4802 Fax 770-946-8996  
www.hfbacademy.org  
**Registration 2008-2009**

**Acceptance:**

When you fill out the registration forms and pay the registration fee, your child is considered accepted into our program. The registration fee is non-refundable.

**APPLICANT**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
M/F month/day/year as of Sept. 1, 2008  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_

**PARENT INFORMATION**

Mother's / Female Guardian's name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ phone \_\_\_\_\_  
Email address: \_\_\_\_\_

Father's / Male Guardian's name \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ phone \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Single parent \_\_\_\_\_  
(Mother \_\_\_\_\_ Father \_\_\_\_\_) Guardian \_\_\_\_\_

I heard about the program through \_\_\_\_\_

Please check the program of choice:

- 5 Year Kindergarten – Monday – Friday \_\_\_\_\_
- 4 Year Preschool – Monday, Tuesday, Wednesday & Thursday \_\_\_\_\_
- 3 Year Preschool – Tuesday, Wednesday & Thursday \_\_\_\_\_
- 2 Year Preschool – Tuesday, Wednesday & Thursday \_\_\_\_\_
- Two Day Mom's Day Out – Tuesday & Thursday \_\_\_\_\_
- One Day Mom's Day Out – Tuesday **OR** Thursday \_\_\_\_\_

HFBA reserves the right to change the Mother's Day Out program from the two-day program to a one-day program on Tuesdays according to attendance.

# EMERGENCY MEDICAL AUTHORIZATION

**Child's Name:** \_\_\_\_\_

Should my child suffer an injury or illness while in the care of Hampton First Baptist Academy, and they are unable to contact me immediately, this is an authorization and release for emergency medical treatment for my child.

The intent of the authorization and release is to provide emergency medical treatment of my child, a minor, arising from unforeseen emergencies and to permit competent medical treatment where such authorization is required by the attending medical practitioner or medical institution prior to treatment.

In the event that the Parents/Legal Guardian or Emergency Contact cannot be reached to make arrangements for emergency treatment at the time of illness or accident of my child, I hereby authorize the staff of Hampton First Baptist Academy to administer first aid/CPR or call an ambulance and/or take my child to the nearest emergency room for medical treatment.

Listed below are any known allergies, medicines currently being taken, or other medical history, i.e. diabetes, asthma, drug allergies, which should be considered in the event emergency medical treatment is performed.

---

---

---

Date of Birth: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_

Child's primary source of health care: \_\_\_\_\_

Physician/Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Please attach a photocopy of your insurance card.)

I authorize the attending teachers/personnel from HFB Academy of Hampton, GA. to render, seek, and authorize competent medical treatment as stated in the intent above. Furthermore, I release the above mentioned teachers/personnel and Hampton First Baptist Academy of Hampton, GA from any liability for any accident or injury that might be incurred.

\_\_\_\_\_  
Parent's 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*. The following standards of discipline are basic requirements for all classroom conduct;

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. The parents will receive a phone call from the teacher reemphasizing cooperation by the student.
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.

-----  
Parent's Signature

-----  
Date

## SCHOOL DIRECTORY INFORMATION

The school office compiles a directory of students in each class to be given to the room parent, so that he or she can contact parents for assistance with various projects and parties for the class. Each class list will include each child's name, the name of his/her parents/guardians, and telephone number. Please check one of the selections below.

\_\_\_\_\_ I **do** want my child's name, my name, and telephone number to be listed in the class roster to be given to the room parent.

\_\_\_\_\_ I **do not** want my child's name, my name, and telephone number to be listed in the class roster to be given to the room parent.

-----  
Parent's Signature

-----  
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: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone/Beeper: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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.**

#### **Withdrawal from the Program**

**\*\* Withdrawal for the program 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 2008-2009 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.

I acknowledge that it is also my responsibility to keep my child's records up to date.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date