



Admissions Information

Deandra Serna, Director

Child's Full Name: _____	Child's Date of Birth: _____
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Child Lives with: _____	Child's Home Address: _____
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Name of Mother/Guardian: _____	
Address: _____	
Work Phone: _____	Cell Phone: _____
Email: _____	

Name of Father/Guardian: _____	
Address: _____	
Work Phone: _____	Cell Phone: _____
Email: _____	

Give name, address, and phone number of the responsible individual to call in case of emergency if parents/guardian cannot be reached:
Emergency person: _____
Address (City, State, Zip): _____
Phone Number: _____
Relationship to child: _____

Days of Attendance (please check one of the following)
<input type="checkbox"/> 2-year-old class Monday – Thursday (9:00am – 2:00pm)
<input type="checkbox"/> 3-year-old class Monday – Thursday (9:00am – 2:00pm)
<input type="checkbox"/> Pre-Kindergarten Monday – Thursday (9:00am – 2:00pm)
<input type="checkbox"/> Kindergarten Monday – Thursday (9:00am – 2:15pm)

Parent Initial:
_____ I give consent for my child to participate in water tables, sprinkler play, and splashing/wading pools.
_____ I understand that a healthy morning snack will be served to my child while in care.
_____ I give consent for my child to be transported and supervised by HCA in the event of an emergency.

Parent/Guardian Signature: _____	Date: _____
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Director of Hillcrest Christian Academy: _____	Date: _____
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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge take my child to:

Name of Physician:

Phone Number:

Address:

Name of Emergency Care Facility:

Phone Number:

Address:

I give consent for the listed facility to secure any and all necessary emergency medical care for my child.

Signature:

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, existing illness, previous serious illness, injuries and hospitalizations during the past **12** months, any medications prescribed for long-term continuous use, and any other information at which caregivers should be aware of.

(Please write "none" if not applicable)

ALLERGIES

If child has diagnosed food allergy, please list:

Plan submitted on: _____

Signature:

Date:

Hillcrest Christian Academy is under public accommodations under the Americas with Disabilities Act (ADA), Title III. If you believe that our operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514- 0301 (voice calls) or (800) 514- 0383 (TTY).


Name of Child: _____

ADMISSION REQUIREMENT

Health Care Professional Statement: I have examined the above-named child within the past year and find that he/she is able to take part in Hillcrest Christian Academy.

Name of Health Care Professional: _____

Address: _____

City, State, Zip: _____

Health Care Professional Signature: _____

Date signed: _____

VACCINES

 I have attached a most recent copy of **IMMUNIZATION RECORD** with stamp or signature of Health Care Professional.

 I have attached a signed and dated **AFFIDAVIT** stating that I decline immunizations for reason of conscience, including religious belief, on the form described Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Signature of Parent/Guardian: _____

Pre-Kindergarten Only

VISION AND HEARING SCREENING

 I have attached a most recent copy of my child's **VISION AND HEARING SCREENING** with signature of Health Care Professional.

 I have attached a signed and dated **AFFIDAVIT** stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Signature of Parent/Guardian: _____

VARICELLA (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Signature of Parent/Guardian: _____

Date signed: _____



Enrollment and Tuition Agreement 2023-2024

I understand that my child _____ will attend Hillcrest Christian Academy at Hillcrest Baptist Church. Hillcrest Christian Academy follows the Nederland ISD School Calendar for most holidays and emergency closures.

(Parent initial) _____

I understand that tuition for HCA is \$350 per month for 2-yr.-olds and 3 -years olds, \$400 for Pre-Kindergarten, and \$450 for Kindergarten students. I understand there is a \$250 non-refundable Registration/Supply fee.

(Parent initial) _____

I understand that all families of HCA will have tuition withdrawn from their bank account or credit card on the 3rd day of each month. I understand that if I choose to use my credit card, additional fees may apply. I understand that I am required to set up auto-draft for my child's monthly tuition. I understand there will be a fee of \$30 applied to my account if payment is declined and there will be a \$10 late fee per week until tuition is paid.

(Parent initial) _____

I understand that **September's tuition** will be due by **August 3, 2023**. If September's tuition is not received at this time, my child will no longer be enrolled in the 2023-2024 school year. If my child is withdrawn from the program, the available spot will be filled immediately, and the Registration and Supply Fee will be non-refundable. I understand that Hillcrest Christian Academy does not have an excused absence policy. The total monthly tuition is due even if my child is absent.

(Parent initial) _____

In case of withdrawal from the program, I am responsible for the remaining semester of tuition paid in full. I understand that semesters run from September through December and January through May. Unique circumstances will be presented to the School Administration and Council of Elders for tuition dismissal. Forfeiture of these terms could affect my credit score.

(Parent initial) _____

I understand that HCA is founded and governed by the Word of God which will function as the standard of conduct and core of education.

(Parent initial) _____



Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Hillcrest Christian Academy cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing the facilities or premises at Hillcrest Baptist Church. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize the services at Hillcrest Christian Academy and/or enter onto the premises at Hillcrest Baptist Church you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Hillcrest Christian Academy and Hillcrest Baptist Church's services and enter the church premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Hillcrest Christian Academy and Hillcrest Baptist Church's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Hillcrest Christian Academy, Hillcrest Baptist Church, or its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Hillcrest Christian Academy and Hillcrest Baptist Church's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Texas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Child's Name: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian name(printed): _____



2023-2024
Parent-Student Handbook
Acknowledgement of Receipt

The state law requires that the Hillcrest Christian Academy Parent-Student Handbook be made available to parents. The 2023-2024 Parent-Student Handbook can be viewed online at hillcrestchristianacademy.com. I understand the purpose of the Parent-Student Handbook is to describe the policies and procedures that govern the day-to-day operation of the school. I understand that the policies and procedures contained within the Parent-Student Handbook may be updated and revised at any time. A hard copy of the Parent-Student Handbook is available upon request.

I have internet access and will read the 2023-2024 Hillcrest Christian Academy Parent-Student Handbook online. I take full responsibility for all parent/guardian requirements within the Handbook.

Student's Name

Parent/Guardian Signature

Date



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I hereby authorize **Hillcrest Christian Academy** to initiate credit card charges to the below-referenced credit card account OR, initiate debit entries to my checking or savings account, indicated below. To properly affect the cancellation of this agreement, I am required to give 10 days written notice.

***** COMPLETE ONE SECTION ONLY *****

Bank Account Information

Name Phone #

Address City State Zip

Bank/Credit Union Bank/Credit Union Address City State Zip

Routing Transit Number Account Number Checking Savings

Authorized Signature Date

Credit Card Information

Cardholder Name Phone #

Cardholder Address City

Credit Card Number Expiration Date CVV Code

Cardholder Signature Date



Child Pick-Up Form

The following people **HAVE** permission to pick-up the child named below from Hillcrest Christian Academy. It is the parent's responsibility to notify the Director in writing of any changes to this form.

Child's Name:	Age:
DOB:	Sex:

1. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

2. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

3. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

4. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

5. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

The following people **MAY NOT** pick-up my child from Hillcrest Christian Academy.

1. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

2. Name: _____ DL #: _____
Phone Number: _____ Relation: _____

Note: Any person unfamiliar to the Director will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent. This form is legally binding so by signing it, you agree that all of the information provided herein is correct. False information will result in termination of contract without refund.

Parent/Guardian Signature:	Date:
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LET'S GET ACQUAINTED

My name is _____; I like to be called _____.

My birthday is _____.

My address is _____.

My email address is _____.

My mom's name is _____ and her phone # is _____.

She has an interesting occupation. It is _____.

My dad's name is _____ and his phone # is _____.

He has an interesting occupation. It is _____.

I live with ___ both parents, ___ my mom, ___ my dad, ___ my grandparents.

I have _____ brothers and _____ sisters.

Their names and ages are _____.

I have _____ pets at home. Their names & type are _____.

I call my mom's parents _____.

I call my dad's parents _____.

I am/am not under the care of a doctor for an illness or allergy. (please circle)

If so, please explain. _____.

I do/do not have any special fears. _____.

My hobbies are _____.

I attend _____ Church.

I wear _____ diapers, _____ pull-ups, _____ underwear.



Covid-19 Operational Policies & Procedures 2023-2024

The following Covid-19 Operational Policies and Procedures became effective **November 1, 2021**. We will continue to implement new policies and procedures to mitigate the risks of Covid-19. Hillcrest Christian Academy will have the discretion to make any future changes as needed, to ensure compliance with federal, state, and local Licensing regulations. Staying in school is essential for the social development and early education of our students, and we will continue to ensure they learn and thrive in a healthy, safe environment.

Prevention

- Students and families are encouraged to practice every day prevention actions to prevent the spread of illness including but not limited to:
 - Frequent hand washing
 - Use of hand sanitizer when soap & water is not available
 - Cover coughs and sneezes and wash hands immediately
 - Clean and disinfect frequently touched areas and resources
- All students will be expected to wash hands with soap and water upon entering their classrooms each morning, and before/after snack and lunch
- Hand sanitizer will be used if soap and water are not readily available.
- All parents should monitor their child's health for symptoms of any illness including Covid-19, before coming to school.
- Frequently touched objects and surfaces will be routinely cleaned, sanitized, and disinfected daily, especially toys & games
- Students will be given individual boxes of supplies and are discouraged from sharing with others, when possible
- Temperature screenings will be performed on students, as needed
- Employees and students may use face coverings, such as face masks and face shields
- Students who are ill, or have symptoms of Covid-19 should stay home and parents should consult with their child's licensed health care provider for evaluation and/or testing
- All employees will be extensively trained on Learning Hands Covid-19 Operating Policies and Procedures

Child's name: _____
Date: _____

Parent's signature: _____



Reducing Exposure

- It is the **PARENT** responsibility to screen their child before bringing them to school each day.
Do **NOT** bring your child to school if they exhibit any of the following:
 - Fever at or over 100.0 degrees
 - Cough/shortness of breath
 - Difficulty breathing
 - Chills
 - Muscle pain
 - Headache
 - Sore throat
 - Loss of taste/smell
 - Runny nose/congestion
 - Nausea/vomiting
 - Diarrhea
- Objects and surfaces such as doorknobs, light switches, classroom sink handles, toilets, counter tops, desks, chairs, cubbies, riding toys, scooters, and other equipment and objects that are frequently touched will be routinely cleaned, sanitized, and disinfected throughout the day by a full-time cleaning person on staff.
- All bathrooms will also be cleaned and disinfected throughout the day.
- Toys that cannot be cleaned and sanitized will not be used
- Toys will not be shared with other children in different classrooms
- Children's bedding (nap mat and blanket) will be sent home weekly and **must** be washed before returning to school.
- Toys that children have placed in their mouth, will immediately be put in a separate container marked for "soiled toys" until they are cleaned and disinfected.
- Tables will be cleaned and disinfected before each table activity.
- Teachers will ensure their students do not combine classrooms or mix groups, (this may not be feasible in all situations)
- Parents must notify the center Director if their child is experiencing symptoms of Covid-19, or has been diagnosed with any other contagious illness/disease (flu, strep, pinkeye, stomach bug, hand, foot, mouth disease etc.)

Child's name: _____

Date: _____

Parent's signature: _____



Confirmed Cases

Parents are **required** to report a confirmed positive case of Covid-19 in their child (or family member whom the child lives with) **immediately** to their child's teacher and the center Director. In the event this should occur, the child will need to stay home and quarantine with family for 10 days. If there is a reported positive case in one of our students or staff members, all Learning Hands families will be notified via email. All positive cases will be reported to our local Health Department and Child Care Licensing (CCL) Representative. We will follow CDC guidelines on proper cleaning and disinfecting areas to reduce the risk of spreading illness.

If Covid-19 is confirmed in a student:

- If a student is diagnosed with Covid-19, the child may return to school when **all** three of the following criteria have been met:
 1. At least 10 days have passed since symptoms first appeared **or** positive test date (whichever occurred first)
 2. All symptoms are resolved (cough, shortness of breath, headache, etc.)
 3. Fever has been absent for at least 24 hours (without the use of fever-reducing medication)

If a student is considered in "close contact":

- If a student is considered in "close contact" (within 6 feet of someone for 15 minutes or more) with another student or person who tested positive for Covid-19, the following protocols will be followed:
 1. The parent will be notified by their child's teacher or center director, if their child was considered in "close contact"
 2. All areas will be cleaned and disinfected by the person who is sick (in rare cases, the classroom will need to close for up to 3 days for proper cleaning, disinfecting, and to ensure effective germ removal)
 3. Parents will need to monitor their child's health for any Covid-related symptoms (fever at 100.0 degree or above, cough, shortness of breath etc.) If symptoms develop, the child's healthcare provider will need to be contacted immediately for guidance and testing

Child's name: _____
Date: _____

Parent's signature: _____



Return Criteria For “close contact” Students

- **Parents are NOT required to keep their child home if they are considered in “close contact”.** The student may return to school if they are showing **NO** signs or symptoms of Covid-19 or any other infectious illness. Students may return to school on their next scheduled school day. Parents should consider keeping their child home and testing their child 3-5 days after last known exposure.

Covid-19 Tuition policy

This policy is not intended to cause any financial hardship for our families, but is a necessary provision to ensure the financial obligations of our preschool.

Monthly Tuition will still be due regardless of **any** days missed due to:

- a child having to quarantine for 10 days (or more), because they tested positive for Covid-19 or a family member tested positive for Covid
- a parent choosing to keep their child home, because they were considered a “close contact” of someone who tested positive for Covid-19
- the preschool having to close for pandemic reasons (such as an “outbreak” determined by our CCL representative, deep cleaning of building and facility, state mandated school closures, etc.)

Child's name: _____
Date: _____

Parent's signature: _____