

## **Enrollment Checklist Form**

Please complete the forms indicated below as part of the admission procedures for each student.

### **Enrollment:**

1. Application for Enrollment
2. Birth Certificate (due upon registration)
3. Immunization Certificate Form 3231 (revised Jan. 2000)  
\*ALL students entering 6<sup>th</sup> grade are to have an updated immunization form.  
\*\*Requirements:     2 doses Measles & Mumps  
                              1 dose Rubella  
                              2 doses Varicella (chicken Pox)
4. Vision, Hearing & Dental Certificate Form GA 3300 (must be current 2 years)
5. Enrollment Checklist Form
6. Registration Form
7. Loan Agreement
8. Parental Agreement
9. Parental Information Form
10. Accident & Injury Procedure Form
11. Insurance & Emergency Medical Form
12. Medical Release & Allergy Form
13. Field Trip & Private Car Form
14. Request for Transcripts
15. Volunteer Form

## Registration Form

I would like to register my child \_\_\_\_\_ at Hope Springs Christian Learning Center for this school year. I agree to support the staff in prayer and comply with all rules and regulations set forth by the handbook and the administration.

**Please check box for the desired payment plan for the school year.**

- one payment of \$ 9,240.00 by August 10<sup>th</sup>
- two payments (2 ½% interest) of \$ 4,735.50 & \$ 4,735.50 by August 10<sup>th</sup> & January 10<sup>th</sup>
- 10 monthly payments (5% interest) of \$ 970.20 by the 10<sup>th</sup> of each month

**The early re-enrollment fee is due on or before April 15<sup>th</sup> for the discount:**

- \$100.00 early re-enrollment fee

**The following school fee is due with re-enrollment papers after April 15<sup>th</sup>:**

- \$200.00 re-enrollment fee

**The following school fees are due by May 15<sup>th</sup>:**

- \$250.00 book fee for grades 2-5                      total fees grades 2-5: \$625
- \$275.00 book fee for grades 6-8                      total fees grades 6-8: \$650
- \$250.00 rhythmic writing fee
- \$125.00 activity fee

Other requirements for re-enrollment include:  completion of Re-enrollment checklist

We cannot guarantee your child's placement if the re-enrollment packet has not been received by April 15<sup>th</sup> and all fees paid by May 15<sup>th</sup>. You can still re-enroll after April 15<sup>th</sup> however, student placement will be on a first come, first serve basis. After April 15<sup>th</sup>, open enrollment to the public will begin.

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*Parent's or Guardian Signature*

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*Date*

## Scholarship Payment Plan

### (SB10) Georgia Special Needs Scholarship Program and Pay It Forward Programs

Parents are responsible to make all payments on time. If a scholarship payment is expected but not received by payment due date, parents will be expected to make the current payment and scholarship payment will be put toward the next month's payment.

1. **SB10** GA Scholarship payments are received quarterly. All fees are due at time of enrollment. If scholarship does not pay 100% of tuition, deduct scholarship amount from tuition due and then check a payment plan above for payment of balance. Payments are due the 10<sup>th</sup> of each month.

Sample: \$9,240.00 plus interest minus scholarship value (4 payments) divided by 10 months

2. **Pay It Forward (PIF)** All fees are due at time of enrollment. Payments are due the 10<sup>th</sup> of each month.

\*NOTE: Due to new regulations, all PIF monies received January through April will be deducted from May's tuition payment. PIF monies received during and after May will be credited to the next year's tuition.

*HOPE SPRINGS* Christian Learning Center, Inc. admits students of any race, color, and national or ethnic origin.

## **Accident and Injury Procedures**

1. In the case of an accident with minor injury, first aid will be administered by the teacher.
2. In the case of an accident with serious injury where emergency treatment is needed, both parents and emergency crews will be called immediately, and an accident report filled out.
  - A. The Director or Administrator will be notified at once.
  - B. To prevent shock the child will be laid down, covered with a coat or blanket, and the feet elevated.
  - C. Head injuries will always be treated as serious until proven otherwise by a doctor.
3. In cases where neither parent can be contacted yet medical treatment is needed, the family must have signed this form which permits the school administration to use its best judgment in contacting a physician or transporting the child to a hospital.
4. No internal medicine of any kind (including aspirin) will be administered unless noted on the Medical Release Form. Prior to administration, there will be a phone call to the parent/guardian.
5. All accidents will be documented by the attending teacher and placed into the child's file.

## **Insurance & Emergency Medical Form**

Student's Name: \_\_\_\_\_

Mother & Father's phone numbers will be referenced from the Parent Information Form.

Emergency contact person's name (other than parent): \_\_\_\_\_

Telephone      (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Is Hope Springs CLC authorized to approve medical treatment?      • Yes      • No

Is the student covered by personal/family medical insurance?      • Yes      • No

If yes, name of the insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

By signing below, the parent/guardian of the enrolled student acknowledges and accepts the risks of physical injury associated with participation in school activity. Except for gross negligence on the part of the sponsor, the parent/guardian of the enrolled student accepts personal, financial responsibility for any bodily or personal injury sustained during school activity. Further, the parent/guardian of the enrolled student promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over agreement or any claim for damages arises, the student (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

## LOAN AGREEMENT

I agree to pay the HOPE SPRINGS Christian Learning Center the sum of:

**Please check box for the desired payment plan for the school year.**

- one payment of \$ 9,240.00 by August 10<sup>th</sup>
- two payments (2 ½% interest) of \$ 4,735.50 & \$ 4,735.50 by August 10<sup>th</sup> & January 10<sup>th</sup>
- 10 monthly payments (5% interest) of \$ 970.20 by the 10<sup>th</sup> of each month

I understand that since I/we are not able to pay this sum in advance, that this sum is provided as a loan to cover the annual school tuition and therapy fee. This remains a valid loan even if I should choose to withdraw my child from this program before the end of the school year.

The Finance Committee of the HOPE SPRINGS Board will review emergency cases of necessary withdrawal for possible exception.

Transcripts and student records cannot be released until a student withdrawal form is completed and returned. Also, the financial policy of the school is that report cards and a transfer of records will not be released for any student with an unpaid account and/or fees.

## Medical Release Form

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

Parent's Name/s: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

My child takes these medications daily, but they *should not* need to be administered at school:

**Name of Medication:**

**Dosage:**

_____	_____
_____	_____
_____	_____

If in an event, such as a headache, toothache, etc...I understand that a phone call to the parent or guardian will be made before any medication is given to my child so all parties will know when the medication has been dispensed. This medication will be given as written and directed below.

**Name of Medication:**

**Dosage:**

_____	_____
_____	_____

### *Allergy Alert*

- My child has *no known allergies* or intolerances to any substances/food.
- My child *has allergies* and/or intolerances to the substances/foods listed below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event my child has an allergic reaction to any of the above, please take the following action:

\_\_\_\_\_

\_\_\_\_\_

My child, named above, has permission to receive the medication listed as indicated if it is necessary to dispense it at school. The school and any staff members will not be held liable for any adverse effects from the medications listed above if dispensed.

I, parent or guardian of the above-named student, understand and agree to the above document.

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*Parent/Guardian's Signature*

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*Date*



## Parental Information Form

Student's Name:

\_\_\_\_\_ Nickname: \_\_\_\_\_  
(first) (middle) (last)

Student's Birthday: \_\_\_\_\_ Place of  
Birth: \_\_\_\_\_

Student's S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_ Occupation \_\_\_\_\_

Address:

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail:

\_\_\_\_\_

Grand Parents (if local):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail:

\_\_\_\_\_

People authorized to pickup my child from school, including those listed above are:

Name: \_\_\_\_\_ Relation to  
child \_\_\_\_\_

Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name: \_\_\_\_\_ Relation to  
child \_\_\_\_\_

Phone:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

My child should **not** be released to the following individual(s) under any circumstances:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

If your child is to be released to someone not listed above, a written note, dated and signed by the parent or guardian will be required. If a note is not received, your child will not be able to leave the school premises with the unauthorized person.

