



# Summer Preschool Application

## Hendersonville Christian Academy

260 New Shackle Island Road | Hendersonville, TN 37075  
615-824-1550 | www.HCACrusaders.com

### OFFICE USE ONLY

Registration Date: \_\_\_\_\_  
Reg. Paid (Chk #): \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
Immunization Record: \_\_\_\_\_

Hendersonville Christian Preschool is now accepting registration forms for Summer Preschool! Our Summer Preschool program is an academic-based program with dynamic lessons in Bible, phonics, and math, but each week we will also feature a special theme, exciting activities, and interesting guest characters.

**Dates:** June 1, 2020 through July 24, 2020 (Closed July 3 in observance of Independence Day)  
(Closed July 17 for teacher In-Service)

**Registration Fee:** \$50

### Summer Preschool Cost:

### June & July

Half Day (6:30am – 12:00pm)	\$1,000 (\$125 weekly avg.)
Full Day (6:30am – 3:30pm)	\$1,360 (\$170 weekly avg.)
Extended Day (6:30am – 5:30pm)	\$1,520 (\$190 weekly avg.)

Preschool tuition includes daily snacks and lunch, worksheets, arts and crafts, and special in-school activities. Tuition payments are divided into two monthly payments to be paid at the beginning of June and July.

### Registration:

- 1) Complete this application.
- 2) Schedule a school tour and interview for you and your child with our preschool director.
- 3) Submit application, copy of the child's birth certificate, immunization record, pay the \$50 registration fee.

### Non-Discrimination Policy

Hendersonville Christian Preschool admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, and athletic programs.

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ Gender: [ ] Male [ ] Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ U.S. Citizen? (circle one): Yes No

Present School (if any): \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION: #1

Mr./Mrs./Ms./Miss/Rev./Dr. \_\_\_\_\_  
(Please circle one) Last Name First Name

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Lives with student (Y / N )

Occupation: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Normal work hours: \_\_\_\_\_

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

**PARENT/GUARDIAN INFORMATION: #2**

Mr./Mrs./Ms./Miss/Rev./Dr. \_\_\_\_\_  
(Please circle one) Last Name First Name

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Lives with student (Y / N )

Occupation: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Normal work hours: \_\_\_\_\_

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

**HEALTH / EMERGENCY INFORMATION**

Child's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Does your child have TB, HIV, or HEP-B positive, or other communicable diseases: Yes \_\_\_\_\_ No \_\_\_\_\_

Have all required immunizations been administered? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last tetanus shot? \_\_\_\_\_

Known Allergies (list): \_\_\_\_\_

Other medical conditions (list): \_\_\_\_\_

List two (2) Emergency Contacts other than parent/guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**STATEMENT OF RESPONSIBILITY, EMERGENCY RELEASE, AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_ (initial) I (we) accept and will support the goals, policies, and programs of Hendersonville Christian Preschool.

\_\_\_\_\_ (initial) I (we) will be responsible for paying all tuition and registration fees incurred by the above listed child.

\_\_\_\_\_ (initial) I (we) request the school to contact me (us) in the event of an accident or serious illness. If the school is unable to reach me (us), or the emergency contact listed, I (we) hereby authorize the school to make whatever arrangements are necessary for the care of our child.

\_\_\_\_\_ (initial) I (we) give permission for the school to use my child's photo on its website, social media, and brochures.

\_\_\_\_\_ (initial) I (we) agree to hold harmless Hendersonville Christian Academy and Bible Baptist Church from any injury that our child may occur and to provide accident insurance for our child.

Signature: Parent/Guardian #1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Parent/Guardian #2 \_\_\_\_\_ Date: \_\_\_\_\_

Notary: Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature of Notary Public – State of Tennessee

\_\_\_\_\_  
My Commission Expires

Type of Identification: \_\_\_\_\_