

## HIGHWAY CHRISTIAN ACADEMY REGISTRATION FORM



Highway Christian Academy

SCHOOL YEAR 2024-2025 GRADE \_\_\_\_\_

EXTENDED CARE  Before  After  Before & After \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

OFFICE USE:

ENROLLMENT DATE: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_

### FAMILY INFORMATION

*(If parent is not listed or has limited custody, or if guardian is not a parent, legal paperwork must be provided).*

Parent Name			Relationship to Child			Parent Name			Relationship to Child		
Street Address						Street Address					
City			State	Zip		City			State	Zip	
Primary Phone						Primary Phone					
Primary Email						Primary Email					
Employer						Employer					
Employer Street Address						Employer Street Address					
City			State	Zip		City			State	Zip	
Work Phone						Work Phone					
Has legal custody? <input type="checkbox"/> YES <input type="checkbox"/> NO						Has legal custody? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF ABOVE PARENT IS REMARRIED, PLEASE COMPLETE THE FOLLOWING:											
Stepparent Name:						Stepparent Name:					
Primary Phone						Primary Phone					
Primary Email						Primary Email					
PARENT MAILINGS SHOULD GO TO:						STUDENT INVOICES SHOULD GO TO:					
<b>PARENT/GUARDIAN SIGNATURE:</b>									<b>DATE:</b>		

CHILD NAME: \_\_\_\_\_

**CLASS SELECTION**

PLEASE SELECT SCHEDULE BELOW:

GRADE LEVEL	SELECTION
Preschool 3's Half Time (8:30 AM – 12:30 PM)	
2 DAYS (T/TH)	
3 DAYS (M/W/F)	
5 DAYS	
Preschool 3's Full Time (8:30 AM – 3:30 PM)	
2 DAYS (T/TH)	
3 DAYS (M/W/F)	
5 DAYS	
Preschool 4's Half Time (8:30 AM – 12:30 PM)	
3 Days (M/W/F)	
Junior Kindergarten	
Preschool 4's Full Time (8:30 AM – 3:30 PM)	
3 Days (M/W/F)	
Junior Kindergarten	
Elementary (8:30 AM – 2:30 PM)	
KINDERGARTEN	
1 <sup>st</sup> Grade/2 <sup>nd</sup> Grade Multi-age class – (if we enroll more than 8 students in each grade level, we will split class)	
Extended Care	
Before Care (7:00 am – 8:30 am)	
After Care (2:30 pm – 5:00 pm)	

Students who will be utilizing extended care must be enrolled. Classroom assignments will be solely based on selected class. Preschool teachers will be assigned to their classes according to enrollment numbers.

**Tuition and Fees Schedule 2024 – 2025**

GRADE LEVEL	TUITION	ACTIVITY FEE	PAY IN FULL 3% discount	12 PAYMENTS	10 PAYMENTS
<b>PREK 3 HALF TIME</b>					
2 DAYS (T/TH)	\$2000	\$100	\$1940	\$166.67	\$200
3 DAYS (M/W/F)	\$3000	\$100	\$2910	\$250	\$300
5 DAYS	\$5000	\$100	\$4850	\$416.67	\$500
<b>PREK 3 FULL TIME</b>					
2 DAYS (T/TH)	\$2920	\$100	\$2832.40	\$243.33	\$292.00
3 DAYS (M/W/F)	\$4320	\$100	\$4190.40	\$360	\$432.00
5 DAYS	\$7200	\$100	\$6984	\$600	\$720.00
<b>PREK 4 HALF TIME</b>					
3 DAYS (M/W/F)	\$3120	\$100	\$2036.10	\$260	\$300
JUNIOR KINDERGARTEN (5 day)	\$5200	\$100	\$5044	\$433.33	\$520
<b>PREK 4 FULL TIME</b>					
3 DAYS (M/W/F)	\$4440	\$100	\$4306.80	\$370.00	\$440.00
JUNIOR KINDERGARTEN (5 day)	\$7400	\$100	\$7178	\$616.67	\$740.00
<b>ELEMENTARY</b>					
KINDERGARTEN – 2 <sup>ND</sup> GRADE	\$7750	\$150	\$7517.50	\$645.83	\$775.00

**REGISTRATION FEE: \$80** (PER STUDENT), DEPOSIT: \$250 – both due at enrollment

CHILD NAME: \_\_\_\_\_

**AUTHORIZATION FOR PICKUP RELEASE FORM**

*Persons to be contacted in case of illness, accident, or emergency if parents or guardians cannot be reached: (minimum of 2 required, additional can be written on separate paper)*

Name	Email	Phone	Relationship	
Street Address		City	State	Zip

Name	Email	Phone	Relationship	
Street Address		City	State	Zip

**PERSONS AUTHORIZED TO PICK UP CHILD**

*These are in addition to parent/emergency contacts. It is assumed emergency contacts are authorized to pick up child. The following people are allowed to pick up my child from Highway Christian Academy:*

Name	Email	Phone	Relationship
Name	Email	Phone	Relationship
Name	Email	Phone	Relationship
Name	Email	Phone	Relationship

**PERSONS NOT AUTHORIZED TO PICK UP CHILD**

*IF person is a parent/guardian court documents will need to be provided to deny access to child.*

*The following people are NOT allowed to pick up my child from Highway Christian Academy:*

Name
Name

**NOTE:** Any person unfamiliar to the staff of Highway Christian Academy will be required to present proof of identification. Under NO circumstances will a child be released to any individual other than those listed above without WRITTEN permission from a parent.

***If child lives with both parents, both must sign and date below.***

<b>Signature of Parent/Guardian</b>	<b>DATE</b>
<b>Signature of Parent/Guardian</b>	<b>DATE</b>

CHILD NAME: \_\_\_\_\_

**OTHER FAMILY**

*Other family members (brothers, sisters, grandparents, etc.) living at home:*

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

**SCHOOLING**

*Please list any previous school and/or childcare center enrollment if applicable:*

Name of School/Center \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School/Center \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your child attending another school concurrently with our school?  Yes  No

Name of school \_\_\_\_\_ Grade or Class Level \_\_\_\_\_

**SPECIAL NEEDS OR IEP**

*If special accommodations are needed, a current copy of the appropriate documentation/care plan (such as IHP, IEP or IFSP) is required.*

Does your child have any developmental or learning needs?  Yes  No Please Specify: \_\_\_\_\_

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

Accommodations Needed/Important Information \_\_\_\_\_

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

CHILD NAME: \_\_\_\_\_

**HEALTH FORM**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

In case of an allergic emergency, what specific action do we take? \_\_\_\_\_

Do they require medication to be kept at school?  Yes  No Date of last tetanus shot: \_\_\_\_\_

If yes, a MAT Written Medical Consent Form is due prior to your child starting school.

Does your child have any physical or medical conditions we should be aware of? \_\_\_\_\_

Are any medications given regularly?  Yes  No Please list medications and reasons: \_\_\_\_\_

Does your child wear: Glasses? Contacts? Braces? Retainers? Hearing Aids? \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

*This information is for emergency purposes only.*

Health Insurance Company \_\_\_\_\_

Subscriber \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred because of these services being provided. I/we also agree to be financially responsible for emergency transportation.

If I cannot be contacted in an emergency, I authorize staff at Highway Christian Academy to obtain emergency medical treatment for my child. **If child lives with both parents, both must sign and date below.**

Signature of Parent/Guardian	DATE
Signature of Parent/Guardian	DATE

CHILD NAME: \_\_\_\_\_

ANNUAL FIELDTRIP RELEASE FORM

I give my permission for \_\_\_\_\_ to participate in all school-sponsored trips away from the school premises throughout the 2024-2025 school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given a minimum of 7 day's notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Highway Christian Academy and Highway Assembly of God, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. **If child lives with both parents, both must sign and date below.**

Signature of Parent/Guardian	DATE
Signature of Parent/Guardian	DATE

ANNUAL PHOTO PERMISSION FORM

During the school year, we take photographs of school activities involving students to share the school's positive vibe and updates. By which incidentally, some photographs may capture your child's participation, directly or indirectly. These photos may be published publicly through our website, social media pages, news bulletins, billboards, and ads. With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

Please provide your response by selecting your choice below and signing this form:

SEP

- I hereby allow the reproduction and publication of my child's photograph(s).
- I do not allow the reproduction and publication of my child's photograph(s).

Signature of Parent/Guardian	DATE
Signature of Parent/Guardian	DATE

CHILD NAME: \_\_\_\_\_

**FINANCIAL AGREEMENT**

**Please read and initial each statement and then sign below.**

I, \_\_\_\_\_ (please print names), the parents/guardians of \_\_\_\_\_ agree to the following financial agreement:

\_\_\_\_\_ I agree to pay my child's tuition no later than the 1st of the month. If I have not paid by the 5th of the month, I understand that I will be charged a late fee of \$35.

\_\_\_\_\_ I agree to drop off my child no earlier than 10 minutes prior to the start of school, if I do, I will incur an early drop-off fee equal to \$6 per every half hour or part of a half hour that the child was in the care of the school. I agree to pick up my child by the school's closing time, if I do not, I will incur a late pick-up charge in the amount of \$15 per hour or any portion of an hour for each day that I am more than 10 minutes late.

\_\_\_\_\_ I agree understand that a non-refundable registration fee is due at the time of enrollment. If a child has withdrawn and then wishes to re-enter Highway Christian Academy, a new fee must be paid. I agree and understand that a non-refundable annual activity fee is due upon enrollment and each re-enrollment thereafter to help defray the expense of materials and supplies.

\_\_\_\_\_ I agree and understand that tuition is assessed on a yearly rate, with monthly payment option, regardless of any scheduled days off or extra vacation days you may choose to take.

\_\_\_\_\_ I agree that I must notify the school principal by email no later than June 15<sup>th</sup>, 2024, if I intend to withdraw my student prior to the upcoming school year. If my withdraw request is after June 15<sup>th</sup>, 2024, I will be responsible for, and agree to pay the first month's tuition because supplies and books will have already been purchased for my child.

\_\_\_\_\_ I agree to pay all costs and expenses including, without limitation, court costs, reasonable attorney fees and reasonable collection agency fees incurred by Highway Christian Academy, dba in connection with the collection of tuition and the enforcement of this agreement. I understand that Highway Christian Academy and its authorized agents will use any personal contact information (home, work, cell, and emergency contact numbers) provided to us on this document to collect any outstanding balance on the account.

\_\_\_\_\_ I agree to select from the following options below and enroll in autopay when enrollment opens for the tuition management system being utilized to collect tuition for Highway Christian Academy.

\_\_\_\_\_ I understand and agree that a \$50 fee will be charged for any returned payments, both digital payments and check payments and all future payments will need to be made in cash.

**PAYMENT OPTIONS:**

All payments will be processed through our tuition management system automatically via your stored payment method. Yearly enrollment in our payment system will begin in June. It is highly encouraged that families enroll in ACH with their bank account. Fees assessed are higher when using debit or credit. HCA offers the following options:

- Payment in full on July 1<sup>st</sup>, 2024 – with a 3% discount, \$250 due at enrollment
- 10-month payment plan – tuition for the year is divided over 10 months August through May, activity fees are due in August, registration fees and \$250 deposit are due at enrollment
- 12-month payment plan – total tuition for the year is divided over 12 months June through May, activity fees are due in July, registration fees and \$250 deposit are due at enrollment

\*\*Deposits will be deducted from the first month's tuition

Families with more than one child enrolled in Highway Christian Academy will receive a multi-child discount of 10% per additional child on yearly tuition. No discounts are offered on fees or before and after care. Additional discounts are available for first responders and active-duty military personnel. If paying in cash an additional agreement will be signed in the office.

Signature of Parent/Guardian	DATE
Signature of Parent/Guardian	DATE

CHILD NAME: \_\_\_\_\_

**TERMS AND CONDITIONS OF ENROLLMENT**

The Highway Christian Academy, aka The Good Shepherd Preschool is a church-sponsored educational ministry of Highway Assembly of God Church in Fredericksburg, Virginia. All staff members are practicing Christians. Every staff worker is familiar with the policies and procedures of the school and receives annual in-service training. All supervisory personnel are required to submit a statement prepared by a licensed physician or nurse practitioner to certify that they are free from disabilities that would hinder their work with children, a criminal and child abuse background check, and are CPR/First Aid trained. Highway Assembly of God carries the appropriate public liability insurance.

Highway Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. Highway Christian Academy does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school administered programs.

All preschool aged students must be toilet trained, no exceptions.

I agree and understand that all required forms must be completed and on file before my child may attend.

I understand that my child must not be left on preschool property without supervision. I agree to walk my child into the school each morning and release my child to a teacher/staff member before leaving my child. I understand that no child may be released to anyone except parents/guardians without written permission. I agree to provide a list of all persons authorized to pick up my child.

I understand that no medication will be administered without written permission from parents.

I understand that the office administration will notify me whenever my child becomes ill, and I agree to pick up my child or plan to have my child picked up by an authorized individual within one-hour of notification.

I understand that my child cannot attend the preschool if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I understand that I am required to inform the preschool and day care within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

I have read, understood, and agreed to the above terms, conditions, requirements, and agreements, as indicated by my signature below.

Signature of Parent/Guardian	DATE
Signature of Parent/Guardian	DATE

**IDENTITY VERIFICATION (FOR OFFICE USE ONLY)**

FORM OF PROOF <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PLACEMENT AGREEMENT <input type="checkbox"/> OTHER (if applicable)			
Place of Birth:		Birth Date:	
Birth Certificate/Document Number:		Date Issued:	
Name of Person Viewing Document:		Signature:	