

# Hazelwood Christian Pre-School

## Application for Enrollment

9947 S. County Rd. 0

Clayton, IN 46118

### Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Are you a Member? \_\_\_\_\_

Any Special Needs (Medical, Etc.)? \_\_\_\_\_

### Family Information

Parents:

Father's Name \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

If parents are separated, divorced, or single, with whom does the child live? \_\_\_\_\_

Two responsible adults to contact if parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Rel. to Student \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Rel. to Student \_\_\_\_\_

Church Use only

3 Years Old

( )

4-Up Years Old

( )

App. Fee Pd.

Reg. Fee Monthly

Reg. Fee Semester

Acceptance letter

## Medical Information

Each student enrolled in Hazelwood Christian Pre-School must have on file a medical release form.

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

Health History:

Allergies: \_\_\_\_\_ Drugs: \_\_\_\_\_ Insects: \_\_\_\_\_ Heart Condition: \_\_\_\_\_ Colds: \_\_\_\_\_ Hay Fever: \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Epilepsy or other nervous disorder: \_\_\_\_\_

If any of the above were checked, please give details: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Name and dosage of any medications that must be taken: \_\_\_\_\_  
\_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Main Insured's Social Security #: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. Every attempt will be made to contact the parent first if there is an accident involved my child.

Signed: \_\_\_\_\_

## Tuition Payments

In making applications for our child, we agree to pay the registration fee to reserve a space for our child. I will make tuition payments in the following way:

- Full Semester
- Monthly: (Beginning \_\_\_\_\_ through \_\_\_\_\_)

Tuition payments are due on the first day of the month. A \$10 late fee will be added when payments are TEN (10) DAYS LATE. If account falls more than SIXTH (60) DAYS LATE, the student may be dismissed from school. All returned checks will be assessed a \$15 fee.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**A \$60 Application Fee MUST accompany this application to reserve a spot.**

## Liability Release

I agree to assume and accept liability for my child during school and extracurricular activities including sports, field trips, etc. I agree not to hold Hazelwood Christian School or its directors or staff liable for damages, losses, or injuries to my child unless there is negligence involved. I understand that this is both a medical release and liability release.

Signed: \_\_\_\_\_  
(parent or legal guardian)

## Permission for Field Trips

My child, \_\_\_\_\_, has my permission to participate in any field trip or excursion which has been planned as a part of the curriculum or activities for his/her class.

Signed: \_\_\_\_\_  
(parent or legal guardian)

## Fees

Application Fee (Due with Application)	\$60.00*
3 Years Old	\$60.00 per month
4-5 Years Old (Pre-Kindergarten)	\$65.00 per month

\*Application Fee is non-refundable unless student is not accepted for enrollment. After June 1, application fee is \$75.

## Non-Discriminatory Policy

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

## Pre-Kindergarten

Age Level: Must be 4 years old by Aug 1.  
Class Days: Monday – Wednesday – Friday  
Class Time: **9:00 – 11:30 A.M.**

## Pre-Cubs

Age Level: Must be 3 years old by Aug 1.  
Class Days: Monday – Wednesday  
Class Time: **9:00 – 11:30 A.M.**