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CHILD ENROLLMENT INFORMATION

PASSWORD

Name of Child: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

List of Known Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Mother

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

*Place of Employment*

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

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

Father

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

*Place of Employment*

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

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

Guardian

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

*Place of Employment*

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

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

Child's Physician

Office Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

May facility consult the above physician if parent/guardian cannot be reached? Yes ☐ No ☐

Other persons to be notified in case of illness or accident

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Person(s) permitted to remove child:      Mother    Yes ☐    No ☐      Father    Yes ☐    No ☐

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

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

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

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

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

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

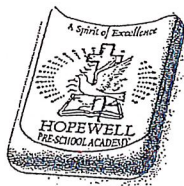
\_\_\_\_\_  
Name of Person Enrolling Child (Print)

\_\_\_\_\_  
Signature of Person Enrolling Child

\_\_\_\_\_  
Date of Enrollment

# HOPEWELL PRESCHOOL ACADEMY

## PARENT CONTRACT



MY SIGNATURE BELOW ASSURES THE LEADERSHIP OF HOPEWELL PRESCHOOL ACADEMY THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS AND CONDITIONS STATED IN THE PARENT HANDBOOK.

**I AGREE TO:** Pay a non-refundable registration fee of \$100.00 at the time of enrollment per child. However, these fees are due before your child/children attend classes.

**I AGREE TO:** Be prompt with tuition obligations, as I plant seed to reap a harvest of training up God's children on this earth.

Tuition is due Friday of each week and no later than Monday of the following week. A late payment fee will be assessed in the amount of \$20.00 for each child paid after Monday. If my child is absent for any reason I am responsible for paying one-half of his/her tuition that week. No partial payments are acceptable. NO EXCEPTIONS.

• **Method of Payment:**

\_\_\_\_\_ Private Pay \_\_\_\_\_ Subsidized / Family Central \_\_\_\_\_ Subsidized Child Care

**I AGREE TO:** Provide Hopewell Preschool Academy with the necessary medical records required by DCF. These records will be provided at the time of enrollment and at any time requested. I understand if these records are not met, Hopewell Preschool Academy will NOT PERMIT my child/children to attend.

**I AGREE TO:** Pick up my child within a reasonable period of time if my child becomes ill while at school.

**I HAVE RECEIVED:** A copy of "Know Your Child Care Center," and read the information contained therein.

**I AGREE TO:** Uphold the policies and procedures that include spiritual progress, academy excellence, appropriate behavior, proper dress, high moral values and adhere to the discipline codes.

**I AGREE TO:** Assume the responsibility for my child's education by supervising homework and keeping in regular contact with my child's teacher.

**I UNDERSTAND:** The academy is in integral part of Hopewell Missionary Baptist Church and agree to submit to its principles and values.

\_\_\_\_\_  
Mother's Signature Date

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Father's Signature Date

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Guardian Signature Date

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Child's Name Grade

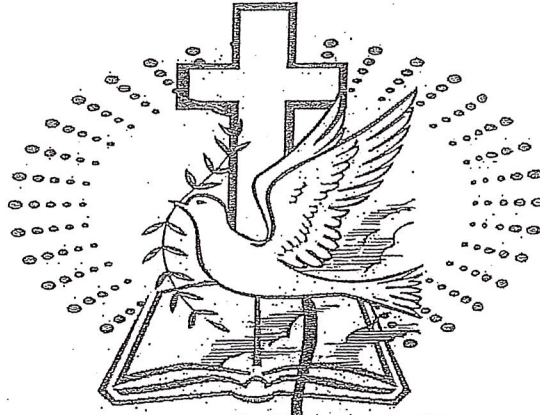
\_\_\_\_\_  
Last 4 digits of SS#

### **NOTICE OF NON-DISCRIMINATORY POLICY**

HOPEWELL PRESCHOOL ACADEMY ADMITS STAFF AND STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY MADE AVAILABLE TO STUDENTS AT THE SCHOOL



# HOPEWELL PRESCHOOL ACADEMY



**A Spirit of Excellence**

## DISCIPLINE POLICY

Dear Parent or Legal Guardian:

Please read the following information and sign below:

### Discipline Policy:

The children of Hopewell Preschool Academy shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest or toileting. Spanking and any other punishment is prohibited.

Hopewell Preschool Academy offers an environment of instruction and guidance in helping children learn appropriate behavior in the classroom. It is our goal to stress positive solutions to problems and encourage children to communicate their feelings in order to better deal with them. Please be advised that we do reserve the right to suspend a child/children whose behavior displays extreme disruptive acts in the classroom environment, teacher, him/herself, or other children while displaying constant inappropriate behavior.

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Parent / Legal Guardian Signature

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Date

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Child's Name

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Date of Birth

## Children's Physical Activity Policy

The facility shall assure that each age group or class must have a written and followed plan of scheduled daily activities. The plan shall be posted in a conspicuous location accessible to parents. The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather, and include scheduled activities that:

- 1.) The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather and include scheduled activities that promote emotional, social, intellectual and physical growth.
- 2.) Planned activities for children one (1) year of age and up to enrollment in kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every three and one-half (3½) hours in care, excluding quiet or nap times.
- 3.) Planned activities for school-age children (kindergarten through 5th grade) enrolled in after school child care programs shall include a minimum of forty (40) minutes of outdoor physical activity for every three (3) hours in care.
- 4.) These activities may include but are not limited to playground equipment, ball games, teacher lead small group games, and teacher directed large group games. In the event of inclement weather a rainy day activity schedule shall be followed.
- 5.) The children's clothing and shoes must be appropriate for the activity scheduled; i.e. sneakers or closed toe shoes, jackets, short pants, etc.

Parent/guardian's signature\_\_\_\_\_Date\_\_\_\_\_

Director's signature\_\_\_\_\_Date\_\_\_\_\_

# HOPEWELL PRESCHOOL ACADEMY

## Photographic / Media Consent Form

### INFORMATION

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the *Hopewell Missionary Baptist Church* website, in newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by the Marketing Ministry and media to promote *Hopewell Preschool Academy* in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at anytime in writing to *Hopewell Preschool Academy Administration* at *900 NW 15<sup>th</sup> Street, Pompano Beach, FL 33060*.

### CONSENT FORM

I \_\_\_\_\_  
(Name of person giving consent & parent/guardian if under 18 years of age)

Consent to the use of photographs or video footage for use on the *Hopewell Missionary Baptist Church* website, in newsletters and publications as well as for distribution to members.

Consent to the use of photographs or video footage being used to promote future *Hopewell Preschool Academy* events by *Hopewell Missionary Baptist Church* Marketing Ministry.

I further understand that this consent may be withdrawn by me at anytime, upon written notice.

I give this consent voluntarily.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_

## AUTHORIZATION FORM

Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

I authorize my child to walk across the street of the Hopewell Preschool Academy to the Open Field of the Hopewell Missionary Baptist Church.

Walk \_\_\_\_\_

## EMERGENCY CONTACT

In case of an emergency, I may be reached at \_\_\_\_\_. In the event I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

## HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four hour student accident insurance or family insurance.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_ I do not have insurance; however I will pay for all medical bills for emergence care of my child.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian