

First Baptist Church Of Haynesville

Haynesville Hide Away Preschool

ENROLLMENT Application PACKET

2023 - 2024

Registration Fee \$75



Programs: 9:00am - 12:00pm

1-year-olds - Monday & Wednesday

2, 3, & 4-year-olds - Monday, Tuesday & Wednesday

"And the child grew and became strong in spirit, filled with wisdom, and the grace of God was upon him" Luke 2:40

Registration and Monthly Tuition Payment Plan

If you are interested in joining our program you will need to join Brightwheel. (See the Brightwheel Flyer on the next page). As soon as you have made me aware of your intentions, I will send you an invitation to join Brightwheel so that you can set up your account.

This will allow you to pay your registration and tuition fees online. **This is the preferred method of payment.** If you are paying the registration or tuition by check, please make all checks payable to Haynesville Hide Away Preschool.

A non-refundable registration fee of \$75 is due annually.

For those that did not register early, you will need to pay the \$75 registration fee and the first month's tuition at the same time (**one-year-old class \$175.00; two, three, & four-year-olds \$225**) by August 6, 2023 (In-House Meet & Greet). Any alternate payment plans for this payment must be approved by the Preschool Director.

Other Dates and/or Holidays to Remember: * denotes NO SCHOOL
(unplanned events could cause dates, times, etc. to change)

Date	/	Time	/	Place	Event / Holiday
August 6, 2023		2:00 p.m.		Family Life Center	In-House Meet & Greet
August 7, 2023		9:00 a.m.		Preschool Bldg.	First Day of School
*September 4-5, 2023					Labor Day Holiday
September 13, 2023		11:00 a.m.		Family Life Center	Grandparent's Day Luncheon
*October 9-11, 2023					Columbus Day/Fall Break Holidays
November 15, 2023		11:00 a.m.		Classroom-Kids Only	Thanksgiving Festivities with Kids
*November 20-22, 2023					Thanksgiving Holidays
December 18, 2023				Classroom-Kids Only	Christmas Festivities with Kids
*December 20, 25-27, 2023					Christmas Holidays
January 1-3, 2024					New Year's Day Holiday
January 8, 2024		9:00 a.m.		Preschool Bldg.	Preschool Classes Resume
*January 15, 2024					Martin Luther King, Jr. Holiday
February 14, 2024				Classroom-Kids Only	Valentine's Day Party with Kids
*February 19-20, 2024					President's Day Holiday
March 27, 2024					Easter Egg Hunt (Parents Invited)
April 1-3, 2024					Spring Break Holidays
April 17, 2024		9:10 a.m.		Family Life Center	Doughnuts with Dudes
May 3, 2024		9:10 a.m.		Family Life Center	Muffins with Ma'am's
May 17, 2024					Last Day of Preschool/ End of Year Program

PLEASE RETAIN THIS PAGE FOR YOUR USE.



Meet brightwheel, a window into your child's day

Our center has partnered with brightwheel, the leading early education technology, to help us deliver an enriching childcare experience to our students and families!

What you can expect from brightwheel

- ✔ More, real-time visibility into your child's day with photos, videos, and updates
- ✔ An easier way to stay connected to your child's learning and development
- ✔ A safer environment for our students and staff through contactless check-in/check-out, entry screens, and health checks
- ✔ Easy online tuition payments
- ✔ A single app for you to stay connected to all aspects of our center

What's next

Be on the lookout for an invitation to join our center on brightwheel! The invitation will include a link for you to set up your account. See you there!



"My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message them back gives me peace of mind. I love it!"

Please Retain
the First
TWO
Pages
For YOUR
use!



ENROLLMENT APPLICATION 2023-2024
Haynesville Hide Away Preschool
2953 Highway 341 South, Hawkinsville GA 31036 * (478) 987-3747

Child's Name _____
Name Preferred _____ Gender _____ Age on September 1, 2023 _____
Date of Birth _____ Address _____

MOTHER/Guardian

Name _____
Address _____
(If Different from the Child's)
Email Address _____
Cell Phone _____
Employer _____
Work Phone# _____

FATHER/Guardian

Name _____
Address _____
(If Different from the Child's)
Email Address _____
Cell Phone _____
Employer _____
Work Phone# _____

Child's Living Arrangements: _____ Both Parents _____ Mother _____ Father _____ other
Child's Legal Guardian (s): _____ Both Parents _____ Mother _____ Father _____ other

Name of other household members/relationships:

Name/Relationship	Name/Relationship
_____	_____
_____	_____
_____	_____

How did you learn about our Preschool? Church Sign _____ Church Bulletin _____ Word of Mouth _____ Other _____

Has applicant ever had any discipline or emotional problems in preschool/daycare?

_____ YES _____ NO If yes, please explain _____

My child has the following needs: _____

Does your child have any identifying birthmarks _____ YES _____ NO

If yes, please identify in detail: _____

Does your child take medication on a regular basis? _____ YES _____ NO

If yes, explain: _____

Allergies or other medical/drug related limitations? _____

Family Doctor _____ Phone _____

Doctor's Address _____

****PLEASE DO NOT LEAVE ANY LINES BLANK. ALL INFORMATION IS REQUIRED. PLEASE PLACE N/A IN THE SPACES THAT DO NOT APPLY TO YOU.**

(Non-expired) Immunization Form Due Upon Enrollment

Please have your Pediatrician or Health Dept. FAX an updated Immunization Form. I will be looking at the expiration date to insure its validity. The FAX number for the church is 478-987-3748.

Financial Agreement
Haynesville Hide Away Preschool
2953 Highway 341 South
Hawkinsville GA 31036
(478) 987-3747

For one-year-olds, a monthly tuition of **\$100** must be paid in full by the first day of each month. For the two, three, and four-year-olds, a monthly tuition of **\$150** must be paid in full by the first day of each month. Upon initial time of enrollment, a registration fee of **\$75** must be paid annually. Said registration fee is non-refundable should you decide for any reason to not use Haynesville Hide Away Preschool.

Fees: If payment is not received by the seventh day of each month, a \$20 late fee will be added to the amount unless provisions have been made by the director. If the payment is not received by the end of the month, the child will not be allowed to return to school until the account is paid in full.

Fee Schedule Changes: Haynesville Hide Away Preschool reserves the right to make changes to the fees and conditions of enrollment. Parents will be given at least two weeks notice prior to any changes.

Closing of the Day: All students picked-up after 12:10 may be subject to a late fee of **\$10**.

Absences: Should illness be the reason and your child will be out for more than one day, a call or text is appreciated. Please call or text Cathy Fowler, Preschool Director at 478-955-8214. There is no reduction in fees, because you are paying for space reserved for your child, even when he/she is absent. Communication can also be made through the Brightwheel App directly to the classroom teacher.

Holidays: A full month's tuition will be charged during these weeks.

*The **preferred** method of payment is through the Brightwheel App. If checks are written, please refer to the following:

Returned Check Fee: There will be a fee of \$25 for each returned check.
Cash or Money Order will be required for payment after two returned checks.

Monthly Receipts: Written for all money transactions involving checks or cash.

*All money must be given to the Preschool Director. Please do not pay our church office secretary, teachers, or volunteers.

Checks Payable to: Haynesville Hide Away Preschool

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____

Emergency Medical Authorization

Haynesville Hide Away Preschool

2953 Highway 341 South

Hawkinsville GA 31036

(478) 987-3747

Child's Name _____ Date of Birth _____

Should my child suffer any injury or illness while in the care of Haynesville Hide Away Preschool, and if the facility is unable to contact me (us) immediately, I hereby authorize them to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the preschool informed of changes in the telephone numbers, etc., where I (we) can be reached.

*Due to our location, if a child needs to be taken to the hospital via ambulance, they will be taken to Taylor Regional Hospital in Hawkinsville.

The preschool agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Child's primary source of health care is:

Physician/Clinic Name Telephone number

Please list below any known allergies or medical conditions (i.e. diabetes, asthma, drug allergies, etc.) or other physical problems, mental health disorders, mental retardation or developmental disabilities, which would limit the child's participation in the center's program and activities: _____

If your child has any special needs, please describe any special procedures that need to be followed in caring for your child: _____

*All teachers are CPR/First Aid certified.

***A certificate of Immunization from your doctor or health department (GA Dept. of Human Resources Form 3231) must be on file prior to the start of school.**

Signed (Parent/Legal Guardian) Date Telephone Number

Signed (Parent/Legal Guardian) Date Telephone Number

Permission for Topical Creams or Ointments
Haynesville Hide Away Preschool
2953 Highway 341 South
Hawkinsville GA 31036
(478) 987-3747

Haynesville Hide Away Preschool has permission to apply the items indicated below to my child,
_____, as needed while in our care.

___ Diaper rash cream

___ Sunscreen

___ Hydrocortisone Cream

___ Liquid Benadryl

___ Other

If a specific name brand is required for your child, please send it and we will put it in our first aid location with your child's name on it. Otherwise, we will use what we have on hand.

Parent's Signature

Date

Please use this space (if needed) to include any other information about your child/family that you feel will help us better teach/understand your child.

Approved Pick-Up List
Haynesville Hide Away Preschool
2953 Highway 341 South
Hawkinsville GA 31036
(478) 987-3747

Child's Name: _____

YOU DO NOT HAVE TO USE ALL OF THE SECTIONS BELOW UNLESS YOU WANT/NEED TO.

Child may be released to the following persons:
(Parent's, please include yourself as an authorized pick-up person.)

Name _____ Phone _____

Address _____ Relation to child _____

Name _____ Phone _____

Address _____ Relation to child _____

Name _____ Phone _____

Address _____ Relation to child _____

Name _____ Phone _____

Address _____ Relation to child _____

Name _____ Phone _____

Address _____ Relation to child _____

Please list the name or names of any person you ABSOLUTELY do not want picking your child up from preschool.

Name _____ Relation (if applicable) _____

Signed Parent/(Guardian) _____ Date _____

Signed Parent/(Guardian) _____ Date _____

Photo Consent Form
Haynesville Hide Away Preschool
2953 Highway 341 South
Hawkinsville GA 31036
(478) 987-3747

Parents,

Haynesville Hide Away Preschool from time to time will be updating our Facebook/website profile with current pictures of our students during their daily activities. We are asking that if you will allow Haynesville Hide Away Preschool to use your child's picture, that you sign our release form below. No pictures will be used of your child without your signed permission.

Permission to use Photograph

I, being the parent/guardian of _____ hereby consent that the videotapes, electronic images, and photographs of my child may be used by Haynesville Hideaway Preschool, its assigns or successors for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I understand that such items shall be the property of Haynesville Hide Away Preschool.

I have read and understand the above:

Signature _____

Printed Name _____

Address _____

Date _____

Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date

Haynesville Hideaway Preschool is covered by liability insurance through First Baptist Church of Haynesville.

Parent Handbook Acknowledgement and Parental Agreement

Haynesville Hide Away Preschool

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Student Name: _____

I/we, _____, have received a copy of the Haynesville Hide Away Preschool Handbook. I/we have read and understand the policies of Haynesville Hide Away Preschool.

I/we, _____, agree to comply with all parental procedures and understand the procedures of Haynesville Hide Away Preschool.

I/we, _____, understand and agree that the curriculum which will be used in the Haynesville Hide Away Preschool will be Bible based.

I/we, _____, have been advised and understand that Haynesville Hide Away Preschool is not a State accredited or State licensed preschool program.

Signed (Parent/Legal Guardian)

Date

Signed (Parent/Legal Guardian)

Date