



# **Pre-School**

## **Informational Sheet**

Hillsboro Christian Academy's Pre-school Program is a state licensed program and provides learning opportunities for children three (3) and four (4) years of age. School hours are from 8:15 – 3:15 with early arrivals beginning at 8:00 AM. All students go immediately to their classroom upon arrival.

Tuition rates are reasonable and consistent with those of other pre-schools in the area. Discounts are available through FACTS (see Web Site) to those who qualify, with both full-time and part-time enrollment options.

The Pre-school Director and HCA Administrator have worked to ensure that the curriculum used is aligned with Ohio's Early Learning and Development Standards.

The teachers in HCA's pre-school are caring, patient, and knowledgeable in the field of early childhood education; providing the children with a developmentally appropriate program in which they can grow spiritually, socially, academically, and physically. The written and practiced philosophy of the pre-school is as follows:

Hillsboro Christian Academy is committed to offering students a source of truth, strength, and vision for living in today's world. We seek to create a rare and special place where students can thrive in a Christ-centered environment designed to help them learn to possess the heart and spirit of Jesus. As a Christian educational institution, we believe that certain Biblical truths are foundational to academic instruction

- God is the Creator of everything. – Genesis 1:1
- God's written revelation about Himself is found in the Bible. – II Tim 3:16-17
  - It is divinely inspired.
  - It is the complete and final revelation of God.
  - It is the sole authority for faith and practice.
  - It is the only absolute in developing a Christian worldview.
- God created man in His own image (he did not evolve), and, as a result, has dignity and worth which bring purpose and meaning to his life. Because of personal sin, however, man breaks his relationship with God and is in need of a means of restoration. – Genesis 1:27; Romans 3:23
- God has ordained that a child's parents are responsible for the spiritual and academic education of their child. As an extension of the family unit, the church and schoolwork together to provide an opportunity for the education of the hearts souls, and minds of children enrolled by providing a Christ-centered, Bible-based, academic environment such that they will be well-equipped for the ministries for which God calls them. – Eph 6:4; Deut 6:7

### **MORE INFORMATION:**

For more detailed information, please contact:

Mrs. Connie Sears, Site Administrator / Mrs. Kristy Rhodes, Pre-school Director  
Mrs. Jackie Hopkins, Office Manager/Financial Secretary / Mrs. Buffy Wyckoff, Receptionist  
(937-393-8422 / email [hca.office@hcaoh.org](mailto:hca.office@hcaoh.org) / [www.hillsborochristianacademy.org](http://www.hillsborochristianacademy.org))

## APPLICATION POLICY

Students who wish to enroll in HCA's pre-school program should obtain an application from the school's web site or from the school office. The application should be completed and returned to the school office along with a copy of the student's birth certificate, medical/immunization records, and the registration fee. Any special needs a child might have need to be disclosed during the application interview.

## APPLICATION CHECKLIST:

\_\_\_\_ Physical                      \*Date: \_\_\_\_\_  
\_\_\_\_ Dental                      \*Date: \_\_\_\_\_  
\_\_\_\_ Birth Certificate  
\_\_\_\_ Shot Record

## MEALS / SNACKS:

Hot lunches are available. Students may buy 5 days a week or any portion of the week. Lunches which are purchased can be paid once a month on FACTS or in the school office on the day they are purchased. Parents can also pay ahead. No charges are accepted except those which are paid for on FACTS. Students bring their own snacks or sign up to provide snacks for the entire class during Back-To-School Night.

Pre-school students have two snacks every day. A well-timed snack can even out spikes in hunger and provide a much needed energy boost between meals. \*Below are some suggest nutritious snacks.

### Fruits

Apple slices  
Cutie Oranges  
Blueberries  
Strawberries

### Dairy

Frozen Gogurt  
String Cheese  
Cubes of cheese  
Yogurt

### Grains

Pretzels  
Whole grain crackers  
Whole grain goldfish  
Granola Bars

**PLEASE NOTE:** Pre-school students are also expected to participate in the Fund Raisers of the school. There are two mandatory fundraisers – the annual Jog-A-Thon in the fall and the annual Read-A-Thon in the spring. Minimum amount of \$25.00/student or \$100.00/family is required. Other fundraisers include the monthly donation dinner (every 2<sup>nd</sup> Sunday), Little Caesar's Pizza Sales, Crusader Cards, etc. Parents are also requested to donate 25 hours/school year either helping with Fund Raisers or some other kinds of community service.



# HILLSBORO CHRISTIAN ACADEMY

849 S High St

Hillsboro, OH 45133

Phone #: 937-393-8422 / Fax: 937-393-4963

www.hillsborochristianacademy.org / email:hca.office@hcaoh.org

## Pre-School Enrollment Application

### Student Information

Last Name	First Name	Middle Name	Grade Entering
Date of Birth	Age	Gender	School District

<p><u>Check One:</u></p> <p><b>Student lives with:</b></p> <p><input type="checkbox"/> Both natural parents</p> <p><input type="checkbox"/> Mother &amp; step-father</p> <p><input type="checkbox"/> Father &amp; step-mother</p> <p><input type="checkbox"/> Father only</p> <p><input type="checkbox"/> Mother only</p> <p><input type="checkbox"/> Grandparent(s) _____</p> <p><input type="checkbox"/> Foster parents</p> <p>If custody is defined by the court in any way, proof must be provided.</p>	<p><u>Check One:</u></p> <p><b>Race / Ethnicity</b></p> <p><input type="checkbox"/> White / Caucasian</p> <p><input type="checkbox"/> Black / African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p><b>Previous Pre-School:</b> _____</p>	<p>Does this child receive any special services? _____</p> <p><u>Current Special Services:</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> IEP (Service Plan)</p> <p><input type="checkbox"/> 504</p> <p><input type="checkbox"/> Speech Therapy</p> <p><input type="checkbox"/> Occupational Therapy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Gifted</p> <p><input type="checkbox"/> Other</p>
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	Natural / Foster Father	Natural / Foster Mother	Guardian
Name			
Address			
City,State,Zip			
Home Phone			
Cell Phone			
Place of Employment			
Work Phone			
Email Addresses:			

*I hereby affirm that I have legal rights to enroll this student and the student is eligible for enrollment in Hillsboro Christian Academy free of existing suspension or expulsion at a previous school.*

Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Transportation** – We are required to report your local public school information to the Ohio Department of Education. We also provide this information to the school districts that provide bus services to our school. This information is used to make important transportation decisions by our local school districts.

Will your child need to ride a public school bus? \_\_\_\_\_

**Photo Consent**

- ☐ Yes, you have my permission to use my child's name/likeness on any or all brochures, videos, website, newspaper articles, or advertising materials for HCA promotional purposes.
- ☐ No, do not use my child's name or likeness on any materials.

\_\_\_\_\_ Signature of Parent/Step-parent / Guardian

**Communication**

What is your preferred method of communication?

- ☐ Phone call or text? (Mother \_\_\_\_\_, Father \_\_\_\_\_, Other \_\_\_\_\_)
- ☐ Email address \_\_\_\_\_

List all of the phone numbers which you would like to have included in our OneCall communication system (be sure to include a cell phone number if you want to receive texts)

\_\_\_\_\_

We desire to enroll our child at Hillsboro Christian Academy because:

Are there any unusual factors in your child's life? (Absence of father or mother, invalidism of either, in-laws or grandparents in home, unusual accidents or serious illnesses, adoption, etc.) Please comment.

If your child has an IEP or a 504 Plan, what sort of academic difficulties have been assessed? \_\_\_\_\_

**Church Attendance:**

Name of church \_\_\_\_\_ Senior Pastor \_\_\_\_\_

How long have you and your family attended this church? \_\_\_\_\_

What services do you and your family regularly attend?

\_\_\_\_\_ Sunday School \_\_\_\_\_ Sunday AM Worship \_\_\_\_\_ Sunday PM Worship \_\_\_\_\_ Mid-Week

Are your children involved in any youth activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENT ROSTER PERMISSION**

Your signature gives parental permission to share students' names and phone numbers with other parents upon request. This is a great way to get information for invitations for parties, etc.

- \_\_\_\_\_ Yes, I give permission to include my student's name and number on the pre-school Roster.
- \_\_\_\_\_ No, I do not want to have my information listed on the roster.

\_\_\_\_\_ Signature

## STATEMENT OF COOPERATION

- (1) We agree to pay the tuition according to arrangements that shall be made and to conclude all required payments on or before the last day of school. We understand that in the event of financial hardship, we should contact school officials and arrange a means of settlement. We understand that final report cards or transfer of records cannot be completed without financial clearance.
- (2) We hereby invest authority in the school to discipline our child as necessary. This may include the right to dismiss our child if he or she does not respect the standard of conduct and the education process adopted by the school.
- (3) We understand that if we are not in agreement with any standards or policies set by the school, these matters will be discussed only with school officials.
- (4) We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.)
- (5) We give permission for our child to take part in all school activities, including sports and school sponsored trips away from the school premises within the city limits and within five miles of the city limits of Hillsboro, Ohio. Permission slips will be sent home for activities more than five miles away. We agree to relieve the school and any of its employees from any liability in connection with any of these activities.

### IN ENROLLING IN HILLSBORO CHRISTIAN ACADEMY, WE COMMIT TO THE FOLLOWING:

#### PARENTS:

A *covenant* is a binding agreement between two parties. It signifies a solemn oath and a sincere pledge of mutual respect and cooperation.

Hillsboro Christian Academy pledges to provide the best it can for children in the way of curriculum, facilities, faculty, extra-curricular activities, character development, and spiritual instruction. HCA also promises to do everything possible to keep to the vision and purpose that God has given to the school board and administration.

As parents, we agree that is our responsibility to strive honor this contract in our support for HCA and its efforts to strive for excellence in promoting academic and spiritual growth. If for some reason we become dissatisfied, we promise to handle the matter as privately and lovingly as possible.

Together, as a school and as parents, we pledge to submit our lives to one another in love and to submit to God and His Word as our final authority.

I acknowledge my commitment to:

- Read the Parent/Student Handbook and follow and support the guidelines therein.
- Pray regularly for HCA, the faculty, students, and the school board.
- Support and pray for the Administration.
- Exemplify Christian principles
- Support the Dress Code, the Moral / Immorality Statements in the Handbook and Student Contract, and the Attendance/Tardy policies.
- Volunteer helping in fundraising activities and other areas where help is needed (recommended: a minimum of twenty (20) hours per school year).
- Give beyond our tuition as God leads and enables.
- Attend all parent meetings and lend our support to the program.
- Be sensitive to the doctrinal diversity represented at Hillsboro Christian Academy.
- Seek to resolve any conflict with privacy and love according to Matthew 18:15-24 with the appropriate school official. We will not spread criticism and negativism.
- Abide by the financial policy of the school regarding tuition and fees payment.

If both parents are a viable part of the child's life, both parents must sign below.

\_\_\_\_\_  
Signature of Commitment (Father)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Commitment (Mother)

## Emergency Medical Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

List any medical allergies or conditions, including current medications being taken:

Glasses: \_\_\_\_\_

Contacts: \_\_\_\_\_

Medical Doctor or Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Emergency Medical Treatment and Transportation: (Only complete Part I or Part II, NOT Both)**

### **Part I / To Grant Consent**

*In the event reasonable attempts to contact me have been unsuccessful, I hereby GIVE CONSENT for the administration of any treatment deemed necessary by the listed providers and the local hospital. In the event the named medical personnel are not available, I authorize that it is allowable to seek other available and reasonable treatment.*

*This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician should be alerted are listed above.*

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**(Do not complete Part II if you have signed Part I)**  
**Part II / Refusal To Grant Consent**

*I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school administration to take the following actions:*

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Custody / Pick-Up / Visitation Alerts**

List any custody, pick-up concerns:

### **Personal Information**

	Father	Mother	Guardian
Full Name			
Home Phone			
Cell Phone			
Work Phone			

### **Additional Emergency Contact / Pick-Up Information (Other than those listed on the front)**

	Additional Emergency Contact	Additional Emergency Contact	Additional Emergency Contact
Full Name			
Relationship to Student			
Home Phone			
Cell Phone			
Work Phone			
Home Address			

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

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the **JFS 01236 "Medical/Physical Care Plan"** or equivalent form and/or the **JFS01217 "Request for Administration of Medication"** must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication, or environmental allergies? *(check all that apply)*

- ☐ No  
☐ Yes – check all that apply    ☐ Food    ☐ Medication    ☐ Environmental    ☐ Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- ☐ No  
☐ Yes- a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed

Does your child have a special health or medical condition? *(check one)*

- ☐ No  
☐ Yes – please explain

Does the special health or medication condition require child care staff to perform a procedure, or perform child specific, care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- ☐ No  
☐ Yes- a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- ☐ No  
☐ Yes – please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- ☐ No  
☐ Yes- a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
☐ N/A - Program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- ☐ No  
☐ Yes – please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- ☐ No  
☐ Yes- written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication"  
☐ N/A – child does not attend a full time program