

Hillside Academy LLC

Application for Admission

Applicant (Child) Information

First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name: _____

☐ Male ☐ Female

Date of Birth: _____/_____/_____

Parent/Guardian Information

Name of Mother: _____

Street Address: _____

City: _____

Zip: _____

Home Phone: (____)____-_____

Cell Phone: (____)____-_____

Place of Employment: _____

Work Phone: (____)____-_____

Name of Father: _____

Street Address: ☐ Same as above _____

City: _____

Zip: _____

Home Phone: (____)____-_____

Cell Phone: (____)____-_____

Place of Employment: _____

Work Phone: (____)____-_____

Name of Guardian (if other than mother/father): _____

Street Address: _____

City: _____

Zip: _____

Home Phone: (____)____-_____

Cell Phone: (____)____-_____

Place of Employment: _____

Work Phone: (____)____-_____

Previous Education

Has child attended preschool? ☐ Yes ☐ No

If yes, where? _____

Has child attended any other public or private school? ☐ Yes ☐ No

If yes, where? _____

Medical Information

Name of Child's Doctor: _

Phone: (____)____-_____

Proof of immunization records are needed upon enrollment.

Does the child have any special medical needs?

☐ Allergies: _____

☐ Special diet: _____

☐ Medical problems: _____

Please list daily medications that will be administered at the academy: _____

If my child becomes ill while at school:

- Hillside Academy LLC may give my child Children's Tylenol ☐ Yes ☐ No
- Hillside Academy LLC should call _____.
- In an emergency, Hillside Academy LLC may call 911 and transport to St. Luke's Regional Medical Center. *If neither parent can be reached, I give permission for the attending physician to treat my child as necessary.* ☐ Yes ☐ No

Parent Signature

Date

Field Trips

The academy classes participate in many field trips, including the weekly trips to the Discovery Center. Special field trips are announced in the weekly calendars.

I give permission for my child to participate in all Hillside Academy LLC field trips.

Parent Signature

Date

Tuition

The tuition fees are printed in the Hillside Academy LLC Handbook. Full-time school tuition is \$550.00 per month. Other fees may apply, depending on drop-off and pick-up times.

*I agree to pay Hillside Academy on the **first** of each month. If my tuition is not received by the **fifth** of each month, I will have a \$30 late fee added.*

_____	_____
Parent Signature	Date

Additional Information

Should I not be able to pick my child up from the academy, the following persons are authorized to do so:

Name: _____	Phone: (____)____-_____
-------------	-------------------------

Name: _____	Phone: (____)____-_____
-------------	-------------------------

Name: _____	Phone: (____)____-_____
-------------	-------------------------

The academy closes at 6:00pm.

I understand that there is a \$15 late fee from 6:00-6:15pm and an additional \$1 per minute after that time. Late fees are payable to the staff member who was required to stay with my child.

_____	_____
Parent Signature	Date

How did you hear about Hillside Academy LLC? _____

What two factors most influenced you to apply?

1. _____
2. _____