

# **Registration of Classes**

REGI	Registration	<b>CLASSES</b> Fee (all programs, er	nclose with application	on) \$100	Date paid
	_	Activity/Supply Fee (all day)			Date paid
	, .	Activity/Supply Fee (1/2 day)			Date paid
Half-	·Day Preschool	(Children must be	of age by August	15 and potty t	rained)
	AGES	TIME	DAYS	10 PAYMENTS/	YEARLY
	3 years	9:00-12:30	M/W/F	\$240.00/\$2,40	0.00
	3 years	9:00-12:30	T/TH	\$200.00/\$2,00	0.00
	3 years	9:00-12:30	M-F	\$410.00/\$4,10	0.00
	4 years	9:00-12:30	M/W/F	\$240.00/\$2,40	0.00
	4 years	9:00-12:30	T/TH	\$200.00/\$2,00	0.00
	4 years	9:00-12:30	M-F	\$410.00/\$4,10	0.00
AII-D	ay Preschool C	are (Children mus	t be of age by Aug	just 15)	
	AGES	DAILY SCHEDU	LE	WEEK	LY FEE
	2 years	7:30am to 5:30	Opm Mon—Friday	\$200.	00
	3 years	7:30am to 5:30	0pm Mon—Friday	\$190.	00
	4 years	7:30am to 5:30	0pm Mon—Friday	\$180.	00
	All Day	3 days a week		\$165.	00
	Year-round All-Dare subject to cha		payments are due Mo	onday. Payments r	nay be made monthly.
		nge without notice			
•••••			ed a summary o	f licensing red	quirements.
• • • • • •			ed a summary o	f licensing red	quirements. Signature of parent(s)

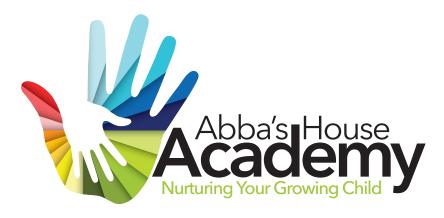


# **Application**

Date					
Child's Name				Girl	Boy
What does your child like to be cal	led?				
Date of Birth	Place of Birth	S1	tate		
Previous preschool or daycare atte	ndance				
How did you find out about our pr	ogram?				
PARENTS:					
Mother's Name		Home Phone			
Home Address					
City					
Place of Employment		· · · · · · · · · · · · · · · · · · ·			
Email address					
Ed. / N		8			
Father's Name					
Home Address (if different)					
City					
Place of Employment					
Email address					
Other children in the family (Please	e give names and ages):				
EMERGENCY INFORMATION: (in cas	se of an emergency, if family c	annot be reached, notil	fy:)		
1. Name	2. Nam	e			
Relation	Relatio	n			
Address	Addres	SS			
Phone	Phone				
Child's Doctor	Phone				
Doctor's Address					

## HEALTH AND WELL-BEING

What serious illness, if any, has your child had?				
Is there anything we should know about the following?				
Special Instructions if your child is hurt at school	ol			
Fears				
Behavior habits (biting nails, finger sucking, bit	ing, tantrums)			
Is your family affiliated with a church in this community?	Where?			
What are your child's special interests, including any special	cial classes?			
, , , , , , , , , , , , , , , , , , , ,				
Any special skills or hobbies parent(s) could share with the	ne class?			
Give any other information you think we should know ab	out your child			
RELEASE NOTICE				
My child can be released to the following people:				
Name	_ Phone			
Name	_ Phone			
Name	_ Phone			
My child cannot be released to the following people:				
Name N	lame			



## **Child's Health History Checklist**

(	Child's Nar	me Birth Date	Parent or Guardian's Name
	•	estions will help us to know if your child hecome ill and we are unable to reach you	nas any medical problems. We need this information I right away.
Pregnancy and	Birth		
☐ Yes	☐ No	1) Were there any problems with pregr	nancy or your child's birth?
Yes	☐ No	2) Was his/her birth weight under 5 1/2	2 pounds?
☐ Yes	☐ No	3) Did the baby have any problems in t	the hospital?
Medical Probler	ms		
☐ Yes	☐ No	4) Has your child ever been in the hosp	oital overnight?
☐ Yes	☐ No	5) Is your child taking any medicine?	
☐ Yes	☐ No	6) Any allergies or reactions to medicin	ne, DPT or other shots, or insects?
☐ Yes	☐ No	7) Has your child had asthma or wheez	zing?
☐ Yes	☐ No	8) Does your child have a speech or he	aring problem?
☐ Yes	☐ No	9) Has your child had more than two e	ar infections in a year?
☐ Yes	☐ No	10) Has your child had tonsillitis?	
Yes	☐ No	11) Does your child have trouble with I	his/her eyes or seeing?
Yes	☐ No	12) Has your child had a bladder or kid	ney infection?
Yes	☐ No	13) Does he/she have burning when u	rinating?
☐ Yes	☐ No	14) Does he/she have seizures, fits or s	haking spells?
☐ Yes	☐ No	15) Have you ever been told your child	has a heart murmur?
☐ Yes	☐ No	16) Is your child able to play as hard as	other children?
Yes	☐ No	17) Has your child ever had a bumpy, s	wollen reaction to the TB skin test?
Yes	☐ No	18) Has your child ever been with anyo	one having TB?
Yes	☐ No	19) Has your child ever had worms?	
Yes	☐ No	20) Does your child scratch his/her ger	nital area? Is his/her bottom or genitals red or sore?
☐ Yes	☐ No	21) Is your child a hemophiliac (free ble	eeder)?
Yes	☐ No	22) Is your child on a heart monitor?	
☐ Yes	☐ No	23) Does your child have tubes in his/h	ner ears?



## **Emergency Agreement**

In the event of an emergency or injury and parents cannot be reached, the Academy Director and/or teacher will arrange for medical attention at T.C. Thompson Children's Hospital. The bottom portion of the page will allow our teachers to document who takes your child during an emergency.

Child's Last Name		First Name			
Address		Home Phone			
Mother's Name	Cell Phone	Work Phone			
Father's Name	Cell Phone	Work Phone			
Guardian's Name	Cell Phone	Work Phone			
If I/we are unable to pick u in case of emergency:	p our child, I/we designate the follow	wing people to whom my child may be released			
Name	Cell Phone	Other Phone			
Name	Cell Phone	Other Phone			
Name	Cell Phone	Other Phone			
Medical Alert/Allergie	2S				
Condition	Medication/Trea	etment			
ConditionMedication/Treatment		atment			
Condition	Medication/Trea	atment			
Child's Doctor:	Phor	ne			
Parents' Insurance Company _					
Policy Holder					
Policy #(Make copies of front and bac					

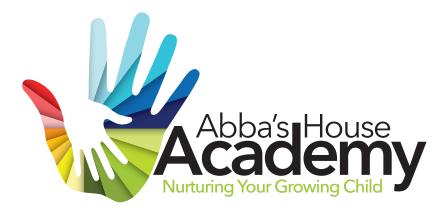
My child hereby has permission to receive first aids, hydrogen peroxide, polysporine, baby wip			se of ice, band-
Parent/Guardian Signature		Date	
Please list a friend or family member, who lives phone service is interrupted.	out of state that we can call v	with information in c	ase local tele-
Name			
Home Phone ()	Work Phone (	)	
••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
For Academy Use Only:			
The child was released to	Ву		
Proof of ID	Date	Time	AM PM
(Driver's License Number)			
Destination			



## Abba's House Academy Parent Agreement

Des	iring to enroll our child, in the Abba's House Academy, we agree to the following conditions:
We	visited the facility prior to enrolling our child. Pre-enrollment Visit Date
1.	We will cooperate with the Academy, seeing that our child is in a good state of health every day he attends. We will keep him at home if he shows symptoms of illness & we will report date of exposure of contagious diseases.
2.	We agree to provide a copy of all immunizations as required by the Tennessee state law to be kept on file.
3.	We will pay a \$100 non-refundable registration fee with this application.
4.	We hereby give our child permission to participate in all activities of the Academy, including all field trips. Please note that parents must transport children to and from field trips. (1/2 day program only)
5.	We will give a 2 week notice if our child has to be withdrawn from the Academy before the end of the school year. If not, we agree to pay 1/2 of our monthly or weekly fee.
6.	1/2 day program - We agree to pay our first payment before August 1, 2024. We understand that the payment is only refundable if our family moves over 100 miles out of town.
	<b>Full day program</b> - We agree to pay our payment weekly. We understand the only week we DO NOT pay is July 4th week. We agree to pay even if our child is out.
7.	We agree that there is no reduction of fees for the time our child must miss due to illness or any other reason, including snow or bad weather days. We agree to send the payment of \$ by the 1 <sup>st</sup> of each month, or on each Monday for all-day Pre-school. After the 10 <sup>th</sup> of each month, I understand a \$20.00 late fee will be applied; for all-day Pre-school, a \$10 late fee will be applied on Monday if the previous week was unpaid.
8.	It is understood and agreed by us that Central Baptist Church, the Abba's House Academy, the teachers, and the staff are hereby released from any and all claims or financial responsibility arising out of any accident or mishap that may occur while participating in school sponsored and supervised activities whether at or away from the Academy.
9.	If an accident should occur at the Academy or on a school-sponsored field trip, claims will be made through the Abba's House Academy office to our insurance company.
10.	We understand that the Academy opens to receive children at 7:30am for full day, and at 8:50am for half day programs. Classes begin at 9:00am. Pickup time is 5:30pm for full day and 12:30pm for half day. A late charge of \$3 will be assessed if a child is picked up more than 15 minutes late.
11.	In the event of an emergency or injury and parents or a designated emergency person cannot be reached, the Director and/or Teacher will arrange for medical attention at T.C. Thompson Children's Hospital.
	ring read and agreed to the requirements stated above, we hereby apply for admission for the above named d to the Abba's House Academy for the 2024-2025 school year.
Par	ents' Signature Date

Date/Reason child is withdrawn \_



# PARENTAL CONSENT & RELEASE FOR PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

taken during the activities at Abba's House, or under its sored media. These include, but are not limited to: pict webcasts, brochures, handbooks, programs and Interr	, understand that from time to time, pictures are direction, then they are presented in various church-sponures, video productions, newsletters, television programs, net web pages. This form is to notify you those meetings, a settings) are considered public and they are video taped er.
	It and used as an identifiable image. In order for us to use ger group, we ask that you sign the waiver below to grant
injury or action against the above named minor result any medium utilized. This release includes that Abba's H display, distribution or modification of the minor's image	House, its agents and employees from any liability for any ing from the use of such pictures, video or other image in House will not be responsible for other user's reproduction, ges in any manner, nor will Abba's House be responsible for lauthorized use of Abba's House images by third parties.
form publicly or privately. I also permit them to marke	It this work and or exhibit this work in print or electronic t and sell copies as necessary. I waive any rights, claims or mages. I understand that I will not be compensated in any a still or moving image.
· · · · · · · · · · · · · · · · · · ·	e media types listed above, as well as any new media for- years of age, I understand the above statement and I am
Signature of Parent or Guardian	 Date



## Reservations (1/2 Day Program Only)

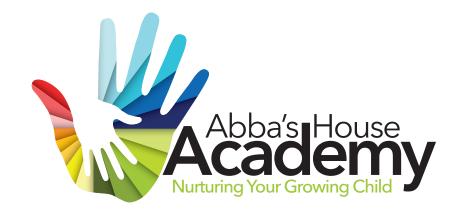
Pre-K3 and Pre-K4 • MONDAY/TUESDAY/WEDNESDAY/THURSDAY LUNCH BOX DAYS

Pre-K3 and Pre-K4 children may register to stay until 2:00pm on Mondays, Tuesdays, Wednesdays, and/or Thursdays. Lunch Box Days involve a set fee of \$10.00 per day, due the first of each month.

On the days registered, parents should send a nutritious lunch that their child could eat without being warmed up or refrigerated. No glass bottles or soft drinks, please.

Child's Name			
Teacher's Name			
Day or Days Reserved:	☐ Monday	☐ Tuesday	☐ Wednesday ☐ Thursday
Emergency Information: In case of emergency, if fa	mily cannot be rea	ached, notify:	
Name			Relationship
Address			
Phone			
Child's Doctor			
Doctor's Phone			

In the event of an emergency or injury and parents or the designated emergency person cannot be reached, the Director and/or teacher overseeing Lunch Box Days will arrange for medical attention at T.C. Thompson's Children's Hospital.



## Welcome Home to Abba's House!

Between work, school activities and sports, it can be easy to overlook God and developing your family's spiritual life. We can help you with that!

Welcome home to Abba's House, where we have activities for all ages. Kids enjoy interactive groups and church services geared just for them. Teens have fun, worship together, and get strength and support from their peers and leaders who have survived the teen years successfully. And Adults find community and strength in small groups connected by age or special interest.

We think once you experience Abba's House, you'll call it home. Don't worry if you don't feel "religious" or "good enough." That's not who we are. We're all imperfect people journeying through life together, building a relationship with God, and each other. It just feels like home.

#### Sundays

9:00am - Small Groups 10:30am - Worship Service

### **Kids Min for Preschool & Elementary**

9:00am - Age-based Groups 10:30am - Kids Worship

Lead Pastor - Ronnie Phillips, Jr.
Executive Pastor - Bill Marion
Pastor of Adult Ministries - Angie McGregor
Worship Director - Jordan Bailey
Youth Pastor - Samantha Steinmann
Kids Min Pastor - Jessica Lusk

423-877-6462 abbashouse.com