

HHBC CHRISTIAN LEARNING CENTER

Application for Admission

CLC USE ONLY
Date turned in:

\*Please attach check for registration fee to form (\$150.00).

\*This fee is non-refundable once a child is enrolled in our program. (initial)

\*Please no teacher/classroom request. Classes are grouped according to age, developmental needs & classroom size limitations. (initial)

Child's Name Nickname/Name for school

Child's Gender: Female Male Date of Birth

Desired date of enrollment Child will start kindergarten in year

Religious Affiliation Are you a member of Hays Hills Baptist Church? YES NO

Mother/Guardian Phone

Email Address

Home Address City State Zip

Employer Phone

Father/Guardian Phone:

Email Address:

Home Address City State Zip

Employer Phone

How did you find out about us?

If parents are not living together, who has custody?

May the non-custodial parent pick up the child?

Name and phone number of local person(s) authorized to pick-up your child and/or would assume responsibility for your child in an emergency when parents are unable to be reached. No CLC teachers' names may be used.

Name Relationship Phone

Name Relationship Phone

Permission is granted to meet the needs of my child in case of emergency.

Signature of Parent/Guardian

Date

# HHBC Christian Learning Center

## CHILD INFORMATION SHEET

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Brothers/Sisters & ages \_\_\_\_\_

Schools siblings attend \_\_\_\_\_

Siblings attending Hays Hills CLC \_\_\_\_\_

What type of discipline do you use with your child at their current age for undesirable behavior?

\_\_\_\_\_ Time Out                      \_\_\_\_\_ Natural/Logical Consequence  
\_\_\_\_\_ Choices                        \_\_\_\_\_ Taking away privileges  
\_\_\_\_\_ Redirection                    \_\_\_\_\_ Other-Please explain \_\_\_\_\_

Does your child require a nap time during the day? \_\_\_\_\_

How does your child settle his body down before sleeping? \_\_\_\_\_

My Child: (please circle appropriate response):

Likes to play in a group:	Yes	No	Working on it
Gets along well with others:	Yes	No	Working on it
Follows directions:	Yes	No	Working on it
Has anxiety towards new experiences:	Yes	No	Working on it
Has a hard time with transitions:	Yes	No	Working on it

Is:      Strong-willed      Easy going      Gets upset easily      Generally Happy

My child is Potty-trained:                      Yes                      No                      Working on it

**\*Child must be potty-trained to be enrolled in the older 3's classes and up: Turtle, Butterflies & Pre-K classes\***                      I have read and understand CLC's potty training policy \_\_\_\_\_ (initial)

Does your child have any special needs? (Health, disposition, temperament, current medical care or programs)

Any other causes of anxieties? \_\_\_\_\_

What do you feel are your child's strengths and weaknesses at this age?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HHBC Christian Learning Center**  
**Child's Health Record**

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*Please attach a copy of the immunization record from your physician.**

**If your child is not immunized, a wavier and an Exemption from Immunizations affidavit must be on file in our office-**

Does your child have any non-food allergies?      Yes/No

If Yes, What is the allergy, types of reactions, and does it require treatment?

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Does your child have a food sensitivity?      Yes/No

If yes, what are they sensitive to, what is the reaction, and does it require treatment?

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Does your child have a severe food allergy?      Yes/No

If yes, what are they allergic to, types of reaction, and does it require treatment?

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Has an Epi-Pen been prescribed for your child?      Yes/ No

If yes, do they have an Anaphylaxis Action Plan?      Yes/ No

List any medication(s) regularly taken by the child that CLC staff should know about in case of an emergency:

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Does your child have or had any disability, health condition or special needs that require special attention?

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**\*Additional forms regarding allergies will need to be filled out upon enrollment.**

**EMERGENCY CARE PERMISSION RELEASE FORM:**

In case of an emergency my child may be taken to Dell Children's Medical Center, or the closest medical facility equipped to handle the situation, for necessary treatment should I not be available for consultation.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

My insurance company is \_\_\_\_\_, and my Group #/ID # is \_\_\_\_\_

Please know we do not anticipate any such accidents occurring. This is a precautionary step to avoid delay in emergency medical treatment if it should be necessary and you cannot be reached. We make your children's care, welfare, and safety our top priority.

**PERMISSION TO GIVE MEDICATION**

I authorize **Director/Assistant Director** or her employee to give my child the following if needed:

- |   |  |
|---|--|
| <input type="checkbox"/> Children's Tylenol | <input type="checkbox"/> Benadryl  |
| <input type="checkbox"/> Children's Motrin  | <input type="checkbox"/> Benadryl Cream <input type="checkbox"/> Neosporin |

Given as directed, as necessary, if situation warrants immediate attention. (Example: fever, insect bite with reaction, allergic reaction).

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **PHOTO CONSENT AGREEMENT**

\_\_\_\_\_ Yes, I agree to let photos of my child be taken at the Christian Learning Center to be used for preschool purposes; Ex. slide shows, bulletin boards, CLC Facebook pages (*these are closed groups*) or other private photo sharing apps/websites.

\_\_\_\_\_ Yes, I agree that my child's photo could also be used for the Christian Learning Center's web site for educational purposes.

\_\_\_\_\_ No, I do not agree to let photos of my child be taken while attending class at the Christian Learning Center.

### **CODE OF CONDUCT AGREEMENT/ PARENT HANDBOOK**

I agree to conduct all communication and business with the Christian Learning Center staff in a positive and productive manner. Conferences, concerns, and correspondence regarding issues with the Christian Learning Center staff should be directed to and set up through the lead teacher and CLC Director. All communication should be directed in a respectable, positive, and calm manner at an appropriate time.

To facilitate working together as a team, it is best to set up an appointment so that our full attention can be on the communication at hand. We want to work out the best choice and solution on a particular issue for you, your child, teaching staff, and the preschool classroom environment.

**I have received and read the Hays Hills Baptist Christian Learning Center Parent Handbook, and I agree to follow the procedures and guidelines as stated in the Parent Handbook.** (Handbook is available online at [hayshillsclc.org/enrollment](http://hayshillsclc.org/enrollment) for your review)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **EMAIL USE CONSENT FORM**

I agree to let HHBC CLC use my email address as a means of communication (newsletter, parent reminders, etc.) between CLC staff and myself. No email addresses will be given to other individuals or be used in an inappropriate manner.

Parent/Guardian(s) Name: \_\_\_\_\_

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

Email address(s): \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Please print clearly\*\*\***

## COVID-19 Attendance Waiver Acknowledgment

I have read, understand, and agree to the HHBC CLC COVID-19 Response Plan and the Release and Waiver contained in the Covid-19 School Attendance Waiver.

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Name

Names and ages of child(ren) attending: \_\_\_\_\_

PARENT/GUARDIAN #2 (IF APPLICABLE)

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian Name

**\*\*We must have this form on file in order for your child to attend CLC. Please include with the registration folder. You may email the signed form to [emily@hayshills.com](mailto:emily@hayshills.com), or mail the form directly to the following address:**

**Hays Hills Baptist CLC  
ATTN: Emily Gallagher  
1401 N FM 1626  
Buda, TX 78610**

**We will also have hard copies available on the first day of school.**

**\*\*This is a COVID-19 requirement of all schools that students have this acknowledgment in their registration file. Students will not be admitted to school without this form on file.\*\***