

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, hereby give permission that my child _____, may be given emergency treatment, to include first aid and CPR by a qualified staff member of Hickory Grove Baptist Church. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician can not be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment. I agree that I will pay all physicians and hospital bills, and said center shall not be responsible for them. I hereby release Hickory Grove Early Education Center and staff, my child's teacher and any driver of buses from liability which might result.

Signature of Parent/ Guardian

Date

PHOTO & VIDEO RELEASE

I/we give our permission for _____ to be photographed/
Child's Name
videod during the course of the year at Hickory Grove Early Education Center and for use in promotional and informational material, including social media.

Signature of Parent/ Guardian

Date

FAMILY HANDBOOK & BEHAVIOR/DISCIPLINE POLICIES

I, _____, have received and read the Preschool Family
Signature of Parent/ Guardian

Handbook, including the Behavior Management Discipline Policy. I understand I am responsible for knowing and following policies for the Early Education Center.

Signature of Parent/ Guardian

Date



HICKORY GROVE

EARLY EDUCATION CENTER

MALLARD CREEK CAMPUS 2020-2021

PRESCHOOL REGISTRATION

Child's Full Name: _____
Last First Middle

Child's Preferred Name: _____

Date of Birth: ____/____/____ Age: _____ Male Female

Address: _____
Street City State Zip

Phone: _____

FOR OFFICE USE ONLY:

Date of Application: _____

Date of Enrollment: _____

Registration Fee Entered: _____

Payment Schedule Entered: _____

Class Room Assignment: _____

Check #: _____ Cash: _____

HICKORY GROVE EARLY EDUCATION CENTER MALLARD CREEK CAMPUS

13200 Mallard Creek Road • Charlotte, NC 28262

HGChristian.org • mallardcreekeec@hgchristian.org • 704-531-5345

CLASS CHOICE:

- 4 months - 12 months 2 days (\$200.00 per month)
- 2 Year Olds 2 days (\$200.00 per month)
- 3 Year Olds 3 days (\$250.00 per month)
- 3 Year Olds 5 days (\$340.00 per month)
- Walkers - young 2's 2 days (\$200.00 per month)
- 4 Year Olds 3 days (\$250.00 per month)
- 4 Year Olds 5 days (\$340.00 per month)

\$100 Registration Fee (non-refundable)

Class ages and size will depend on enrollment (a mixed 3/4 preschool class may be necessary).

Parent/Guardian Information

Father's Name: _____ Home Phone: _____ Cell: _____

Address: _____ Zip: _____

Employer: _____ Work Phone: _____

Email: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Address: _____ Zip: _____

Employer: _____ Work Phone: _____

Email: _____

Marital Status: Married Separated Divorced Single Widowed/er

Are you a member of a church? yes no If yes, where? _____

Family's religious preference _____

If child lives with someone other than parents, please specify:

Name: _____ Home Phone: _____ Cell: _____

Address: _____ Zip: _____

Billing Party Information: _____

Name

Address

Phone & Email

Tell Us About Your Child

• Fears: _____

• Play Habits: _____

• Likes and Dislikes: _____

• Eating Behaviors: _____

• Home Situation: _____

CHILD RELEASE

CHILD WILL BE RELEASED ONLY TO THE PARENTS/GUARDIANS. The child can also be released to the following individuals (18 years or older), as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the faculty has permission to contact the following individuals:

(please list them in the order of preference for us to contact)

1. Mr. Mrs. Ms. _____

Home Phone: _____ Work Phone: _____

Address: _____ Cell: _____

City/ State/ Zip: _____ Relation to Student: _____

2. Mr. Mrs. Ms. _____

Home Phone: _____ Work Phone: _____

Address: _____ Cell: _____

City/ State/ Zip: _____ Relation to Student: _____

EMERGENCY HEALTH AND CARE INFORMATION

Medication is not administered at Hickory Grove Early Education Center.

Name of child's physician: _____ Phone: _____

Name of child's dentist: _____ Phone: _____

Name and policy number of medical insurance: _____

Hospital Preference: _____ Date when child was last examined by a physician: ____/____/____

Are all of your child's immunizations up to date? Yes No

Are there any health concerns/ issues that we should be made aware of? Yes No

Please list any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns: _____

Allergies: Yes No If yes, please list specific allergies and type of response required for allergic reactions: _____

Please list any medications taken daily or as needed: _____