



**2012-2013
APPLICATION FOR ADMISSION
HORIZON CHRISTIAN SCHOOL**

ACSI ACCREDITED
LICENSED BY BRIGHT FROM THE
START-GEORGIA DEPARTMENT OF
EARLY LEARNING

**A MINISTRY OF HORIZON BAPTIST CHURCH, MEMBER SBC
2172 LAWRENCEVILLE-SUWANEE RD
SUWANEE, GEORGIA 30024
PHONE (770-962-1214) FAX (404-806-4860)**

Web: www.horizonbaptist.net Email: preschool@horizonbaptist.net

Date of Application _____

Child's Name _____
(First, Middle, Last)

Name Child is called by _____

Male Female Birth Date (___/___/20___)

Child's Age on September 1, 2012 _____

Mother/Guardian _____ Occupation _____

Phone-Home _____ Work _____ Cell _____

Father/Guardian _____ Occupation _____

Phone-Home _____ Work _____ Cell _____

Address _____

City _____, GA Zip _____

Subdivision/Complex _____

Email address _____@_____

How did you hear about Horizon Christian School? _____

Parent's are: Married Separated Divorced

If divorced, who has custody _____?

A copy of divorce decree must be provided if requesting that child not be released to non-custodial parent.

Siblings Names & Ages: _____

Other persons living in household: _____

Language, other than English, spoken at home _____

Do you have a church home? Yes No

Name of Church _____

<i>DATE</i>	<i>ENROLLMENT FEE \$</i>	<i>CHECK #</i>	<i>AGE & CLASS</i>

Please do not write in boxes

Enrollment Fee must accompany this form:

\$175.00 if received by March 31, 2012

\$200.00 if received by May 31, 2012

\$225.00 after June 1, 2012

Books & Material Fees

3 Year \$30.00 Curriculum & Christmas Centers due October 1, 2012

4 Year \$75.00 Curriculum, Christmas Centers & Graduation due October 1, 2012

Kindergarten \$200.00 due June 1, 2012

1st Grade \$225.00 due June 1, 2012

2nd Grade \$250.00 due June 1, 2012

All Fees are non-refundable

ELEMENTARY

5 Day 2nd Grade \$350.00 per month (9:30 to 3:00 M-F)

5 Day 1st Grade \$350.00 per month (9:30 to 3:00 M-F)

5 Day Kindergarten \$350.00 per month (9:30 to 3:00 M-F)

PRESCHOOL OPTIONS

10 Month Program August 8 – May 18

9 Month Program September 6–May 17

5 Day 4 Year \$235.00 per month (9:30 to 1:30 M-F)

5 Day 3 Year \$235.00 per month (9:30 to 1:30 M-F)

3 Day 3 Year \$180.00 per month (9:30-1:30 M/W/F)

2 Day 3 Year \$150.00 per month (9:30-1:30 T/TH)

5 Day 2 Year \$235.00 per month (9:30-1:30 M-F)

3 Day 2 year \$180.00 per month (9:30-1:30 M/W/F)

2 Day 2 Year \$150.00 per month (9:30-1:30 T/TH)

1 Year \$75.00 per month ONE DAY **Circle Day** (M T W TH F)

\$150.00 TWO DAYS **Circle Days** (M T W TH F)

\$200.00 THREE DAYS **Circle Days** (M T W TH F)

\$245.00 FOUR DAYS **Circle Days** (M T W TH F)

\$280.00 FIVE DAYS

Infants \$90.00 per month **Circle Day** (M T W TH F)

\$175.00 TWO DAYS **Circle Days** (M T W TH F)

\$250.00 THREE DAYS **Circle Days** (M T W TH F)

\$300.00 FOUR DAYS **Circle Days** (M T W TH F)

\$330.00 FIVE DAYS

School Tuition is due during the academic year even if child is not in attendance

By enrolling my child in Horizon Christian School, I have agreed to pay all monthly tuition by the first school day of each month. The application and enrollment fees are separate from tuition and are **non-refundable**. Tuition received ten days after the due date will be assessed a late fee of ten dollars for the first day and one dollar each day thereafter. Withdrawing from the program requires a 30 day written notice. Withdrawn students returning to HCS in the same academic year will be required to pay a \$150.00 re-enrollment fee.

Signature _____ Date _____

Recommend Horizon Christian School to a new family and you will receive a \$25.00 tuition credit when that family registers their child/children.

Horizon Baptist Church Member – 25% Discount

Horizon Christian School is a Bright From the Start Licensed Child Care Facility and is therefore able to provide Before and After School programs. You may use the services daily or on an as needed basis.

<input type="checkbox"/> Before Care Only 7:00AM-9:30AM	\$50.00 per week / \$12.00 per day
<input type="checkbox"/> Preschool Extended Day 1:30-3:00	\$40.00 per week / \$10.00 per day
<input type="checkbox"/> After Care Only 1:30PM-6:00PM	\$60.00 per week / \$15.00 per day
<input type="checkbox"/> After Care Only 3:00PM-6:00PM	\$50.00 per week / \$12.00 per day
<input type="checkbox"/> Summer & Holiday 7:00AM-6:00PM	\$140.00 per week / \$35.00 per day

<input type="checkbox"/> Infant Full Time	\$160.00 per week (tuition included)
<input type="checkbox"/> One Year Full Time	\$150.00 per week (tuition included)
<input type="checkbox"/> Two – Four Year Preschool Full Time	\$140.00 per week (tuition included)
<input type="checkbox"/> K/1 st /2 nd Full Time	\$165.00 per week (tuition included)

School Tuition is due during the academic year even if child is not in attendance including holiday and school breaks.



HORIZON HOT LUNCH PROGRAM
\$3.25/DAY

The hot lunch program is provided as a service to our students and parents. It is voluntary. You may choose any of the plans; you do not have to participate every day that your child/children attend. Meals include entrée, 2 side dishes, milk and cookie, a vegetarian option is available each day. Monthly menus will be posted on the school website (www.horizonbaptist.net) and on the information bulletin board outside the school office at least one week in advance of the schedule. Hot Lunch fees are due in advance and are non-refundable. Lunches brought from home **MUST** meet USDA guidelines.



IMPORTANT INFORMATION

Child's Name _____

A current Georgia immunization form #3231 and a copy of birth certificate must be supplied to the school on or before the 1st school day. Kindergarten, 1st and 2nd Grade also requires form #3300 for hearing, vision and dental.

Child's Doctor _____ Phone Number _____

Do you give permission for Horizon Christian School staff to administer topical ointments such as sun screen, diaper cream, antibiotic and insect bite if necessary?
 Yes No

Does your child have any physical conditions, developmental delays or disabilities about which we should be advised? Please include everything; even those you feel are insignificant.
 Yes No Describe _____

Does your child have any allergies?
 Yes No Describe _____
If yes complete the allergy form available at the school office.

List ANY medications child is taking _____
Does your child have a special diet?
 Yes No Describe _____

Has your child had any unusual experiences or illnesses which you feel have affected his/her development either physically or emotionally?
 Yes No Describe _____

Does your child have a history of convulsions?
 Yes No Describe _____

EMERGENCY NOTIFICATION

Please give us the names of two people (friends or relatives) that we may contact in the event there is an emergency and a parent/guardian cannot be reached.

(1) Name _____
Address _____
Phone _____ Friend Relative

(2) Name _____
Address _____
Phone _____ Friend Relative

PERSONS AUTHORIZED TO PICK UP CHILD

Name

Relationship

1. _____
2. _____
3. _____
4. _____

Are you willing to help with parties and other special activities?

Yes No

Do you give permission for your child's name, address and birth date to appear on the class roster which are made available to classroom parents? Yes No

Roster Information is not to be used for solicitation purposes

GENERAL INFORMATON

Has your child attended another school program?

Yes No How Long? _____

Where? _____

Permission to release records to Horizon Christian School

Signature _____

Does your child play with other children?

Yes No

How do you usually discipline your child? _____

What do you expect from your child's school experience?

AUTHORIZATION TO CONSENT TO TREATMENT FOR A MINOR CHILD

I, _____ of _____, GA
(Name) (City),

I do hereby state that I am the parent/guardian having legal custody of

(Child's Name)

I authorize a representative of Horizon Christian School, Suwanee, Georgia, to consent to X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent or guardian are unsuccessful. This authorization applies only during the hours my child is attending Horizon Christian Preschool.

It is mutually agreed that in the event of accident or illness of the child while in the care of Horizon Christian School, the staff shall use its best efforts to contact a parent or guardian. In the event a parent or guardian is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to comply with the above in the event of an accident or illness to the child, any and all liability as might exist on the part of the school, its staff, and those providing care is expressly waived by the parent.

Dated this _____ day of _____, 2012

Signed _____
(Parent or Guardian)

Horizon Christian Preschool/Kindergarten is accredited with the



INSURANCE COVERAGE

Horizon Baptist Church and Christian School is insured by Church Mutual Insurance Company for excess medical coverage. This means if your child is injured while at school, you must file on your own insurance first, then, if there is any additional cost it will be covered by Church Mutual. If you do not have insurance, your child will be covered during the hours he/she is at school.

Insurance Provider_____

Policy / Group Number_____

NON-DISCRIMINATION POLICY

Horizon Christian School, a ministry of Horizon Baptist Church, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school administered programs. ____ (initial)

APPLICATION MUST BE COMPLETE FOR ADMISSION TO BE CONFIRMED.

Horizon Christian Preschool/Kindergarten is accredited with the



Horizon Christian School 2012-2013 Statement of Cooperation

I agree to support the administration and teachers of Horizon Christian School both publicly and privately regarding the aims, ideals and philosophy of the school. I will fully cooperate with the policies, procedures and rules of the school as described in the policy and procedure manuals and the parent handbook. All school records, this statement and state health forms must be on file at the school before acceptance will be granted. I understand that all students are accepted on a nine-week trial basis. It is understood that my child's attendance is a privilege and not a right. If at any time his/her or my conduct, cooperation with the school authorities is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.

I give my support and permission to use reasonable discipline in the correction of my child. I will be kept informed of disciplinary actions that may have been taken. I understand that corporal punishment (spanking) is **not** a part of any discipline plan used by Horizon Christian School.

I give my permission to Horizon Christian School to submit to the state of Georgia records needed to comply with state regulations.

I understand that tuition will be paid as stated on the financial policy included in the application for enrollment. I understand that there are penalties for late payment and a fee of \$30.00 on returned checks. Any family account having three or more returned checks will result in a "cash only" policy. In the event of termination, I will not expect my child's school records to be released until full payment is made. Should my child withdraw for any reason I understand that a **thirty day written notice is required and that books and materials remain the property of the school. I understand that all registration, application/book and materials fees are non-refundable.** A re-enrollment fee of \$150.00 will be charged if my child returns to the school in the current academic year.

I give permission for my child to take part in all school activities and school-sponsored trips. I absolve the Horizon Baptist Church & Christian School from liability to myself or my child because of injury at the school or during any school activity on or off the premises. In case of an accident or injury, I will be notified first. If I am not accessible, I hereby authorize the school to call my physician and to follow his/her directions. If it is impossible or unreasonable to contact the physician, the school may take whatever actions it deems are appropriate. Should any legal action ever be taken against HCS or any employee or agent thereof on behalf of my child or myself, and the school or its agent are not found at fault, I agree to pay all attorney fees, court fees, damages or other costs that HBCCS or its agent should incur to defend against such action.

These signatures indicate our agreement with the above statements for the 2012/2013 academic year.

Child's Name _____

Parent Signature _____ Date _____